

Name
in
Full

Hattie May Raynum

CERTIFICATE OF DEATH

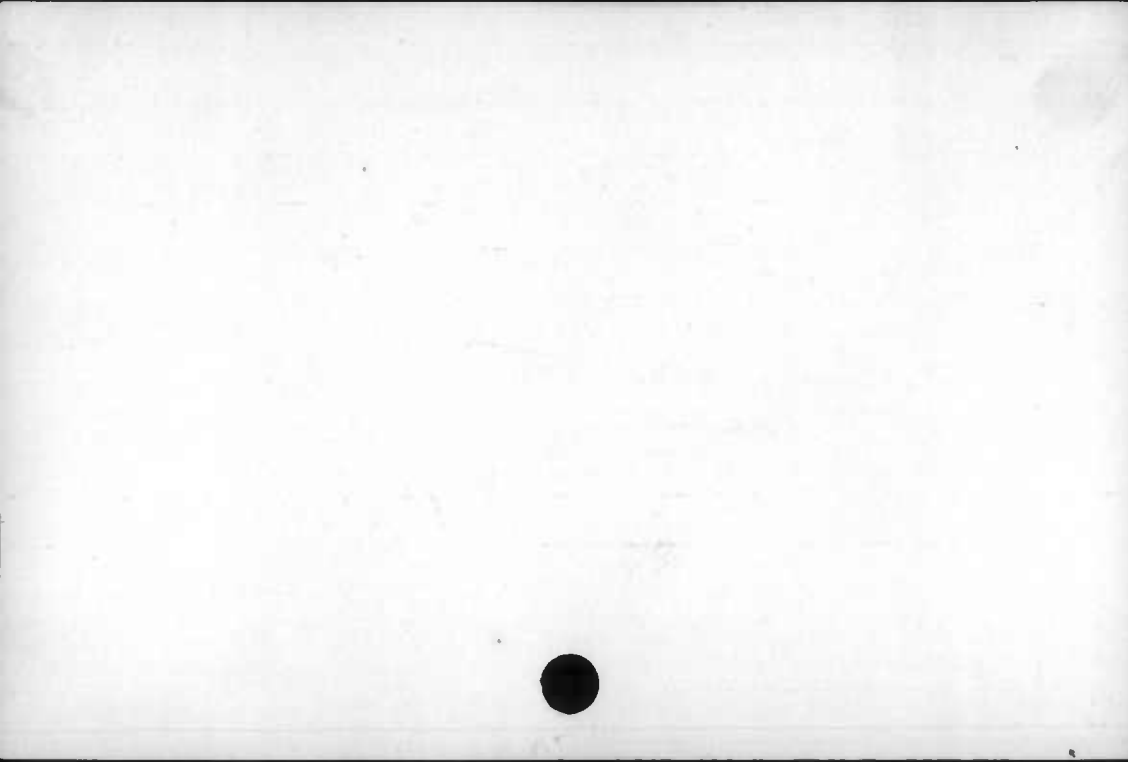
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near E. 12th Market</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MAYLAND	
Date of death	<i>190</i>	Month <i>October</i>	Day <i>16th</i>	Age	Years	Months	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>E. 12th Market</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>Same place</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Noah Raynum</i>	Father's Birthplace <i>E. 12th Market</i>						
Mother's Maiden Name <i>Rhoda</i>	Mother's Birthplace <i>" " "</i>						
Name of person giving information <i>Noah Raynum</i>	How related to deceased						

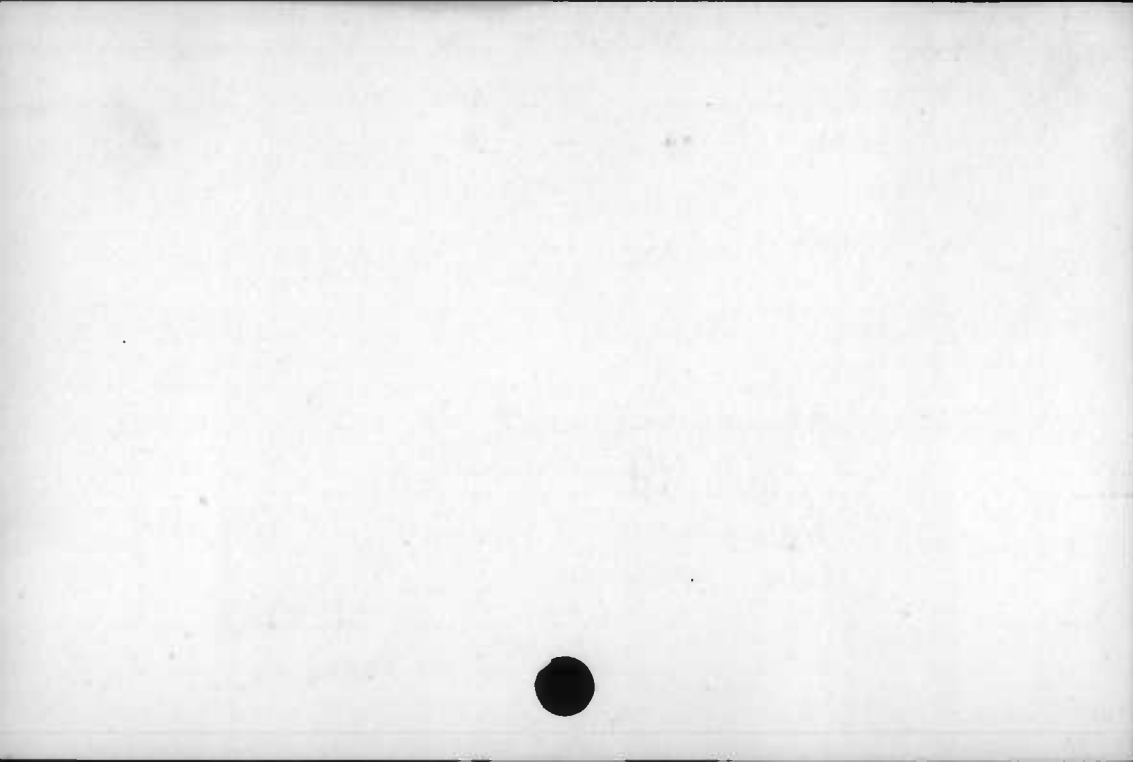
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>cold</i>	<i>9</i>	<i>Croup</i>
Immediate			<i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>none</i>	Address <i>E. 12th Market</i>
Accident or Suicide?		<i>M. I. Abdell, Jr.</i>	



Name in Full		John Henry Campbell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died near <u>Ring's</u>		County <u>Dorchester</u>		MARYLAND	
		Date of death <u>1906</u>	Month <u>October</u>	Day <u>6</u>	Age <u>60</u>	Months <u>—</u>	Days <u>—</u>
		Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Dorchester County</u>	
		Occupation <u>None</u>		Where Residing if not at place of death <u>Near Ring's</u>			
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Jessie A. Campbell</u>			
		Father's Name <u>John Andrew Campbell</u>		Father's Birthplace <u>Dorchester Co.</u>			
		Mother's Maiden Name <u>— C. Garrison</u>		Mother's Birthplace <u>" "</u>			
		Name of person giving information <u>Fredrick A. Jackson</u>		How related to deceased <u>Step grand son</u>			
PHYSICIAN OR CORONER		CAUSES OF DEATH				120	
		Primary <u>Affection of the kidneys</u>		How long <u>6 months</u>			
		Immediate <u>" " "</u>		How long <u>3 days</u>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>None</u>			
		<u>Yes</u>		Address <u>Belmont Baltimore</u>			
		Accident or Suicide?		<u>Justice of the Peace</u>			



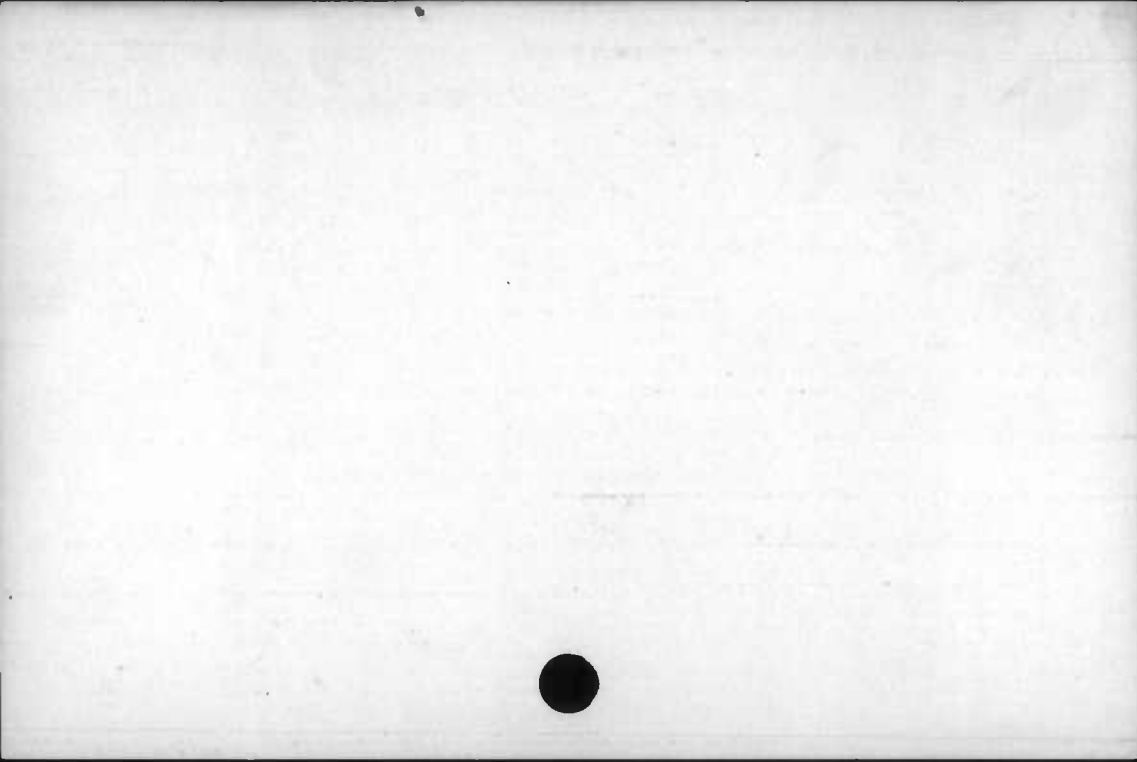
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Q

Name in Full Emily Cephus		Town Cambridge		County Dorchester		STATE MARYLAND	
Died at Cambridge		Month Octo		Day 9th		Years 52	
Date of death 1908 Octo 9th		Age 52		Months —		Days —	
Sex Female		Color or Race Colored		Birthplace Dorchester Co			
Occupation Housewife		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Columbus Cephus					
Father's Name Jenkins Coleman		Father's Birthplace Dorchester Co.					
Mother's Maiden Name Emily Waters		Mother's Birthplace Dorchester Co.					
Name of person giving information Thomas Cephus		How related to deceased Son					
CAUSES OF DEATH							
Primary Paralysis & Cerebral Punctitis		How long Unknown					
Immediate Exhaustion & Pulmonary Congestion		How long About 4 days					
Are the name, age, sex, color, date & place correctly given above?				Signature of Physician Wm. Steele			
				Address Cambridge Md.			
Accident or Suicide?							

66



Name
in
Full

James Willose Coleman

CERTIFICATE OF DEATH

MARYLAND

Died at *Brawbridge* Town*Worcester* County

Date

of death *1908 Oct*

Month

Day

11

Age

Years

1

Months

8

Days

-

Sex

*Male*Color or
Race*Colored*Birth-
place*Md.*

Occupation

*Infant*Where Residing If not
at place of deathMarried, Single
or Widowed*—*Name of ~~Wife~~
Husband*Daniel Coleman*Father's
Name*Daniel Coleman*Father's
Birthplace*Mo*Mother's
Maiden Name*Marga*Mother's
Birthplace*Md.*Name of person giving
Information*Daniel Coleman*How related
to deceased*Father*

CAUSES OF DEATH

179

Primary

Marasmus

How long

month

Immediate

Heart Failure

How long

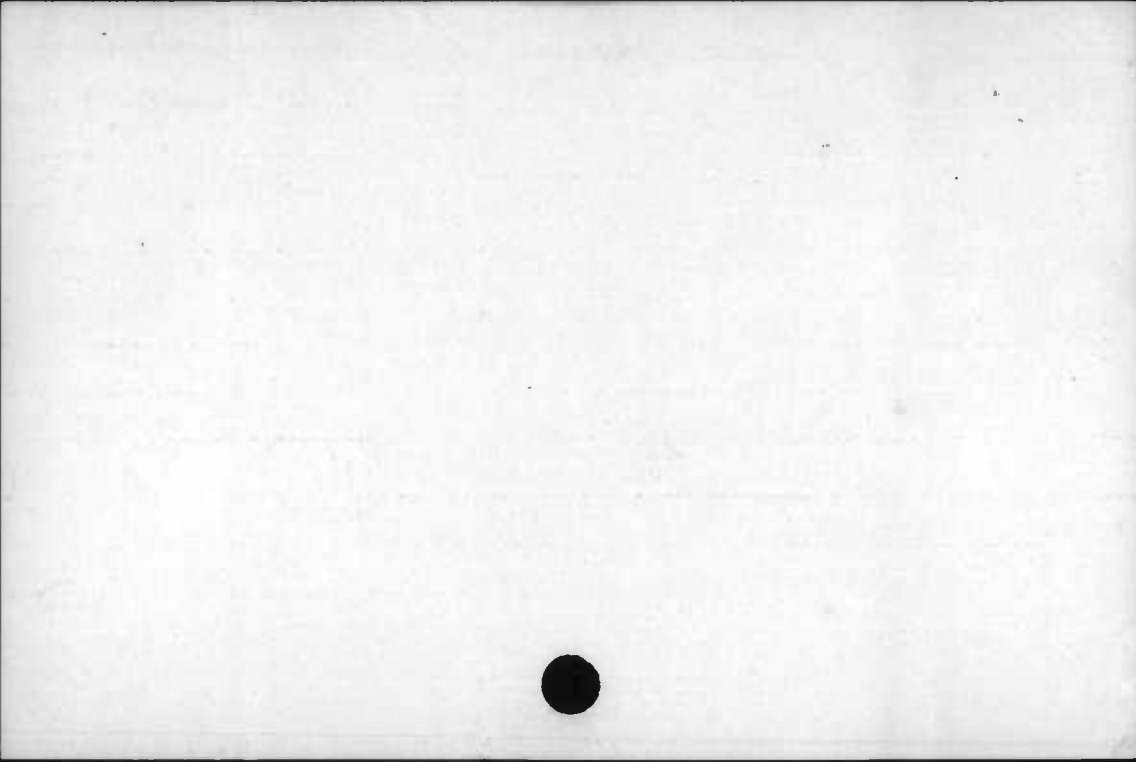
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*D H Blank*

Address

Vienna Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER*6*



Name
In
Full

CERTIFICATE OF DEATH

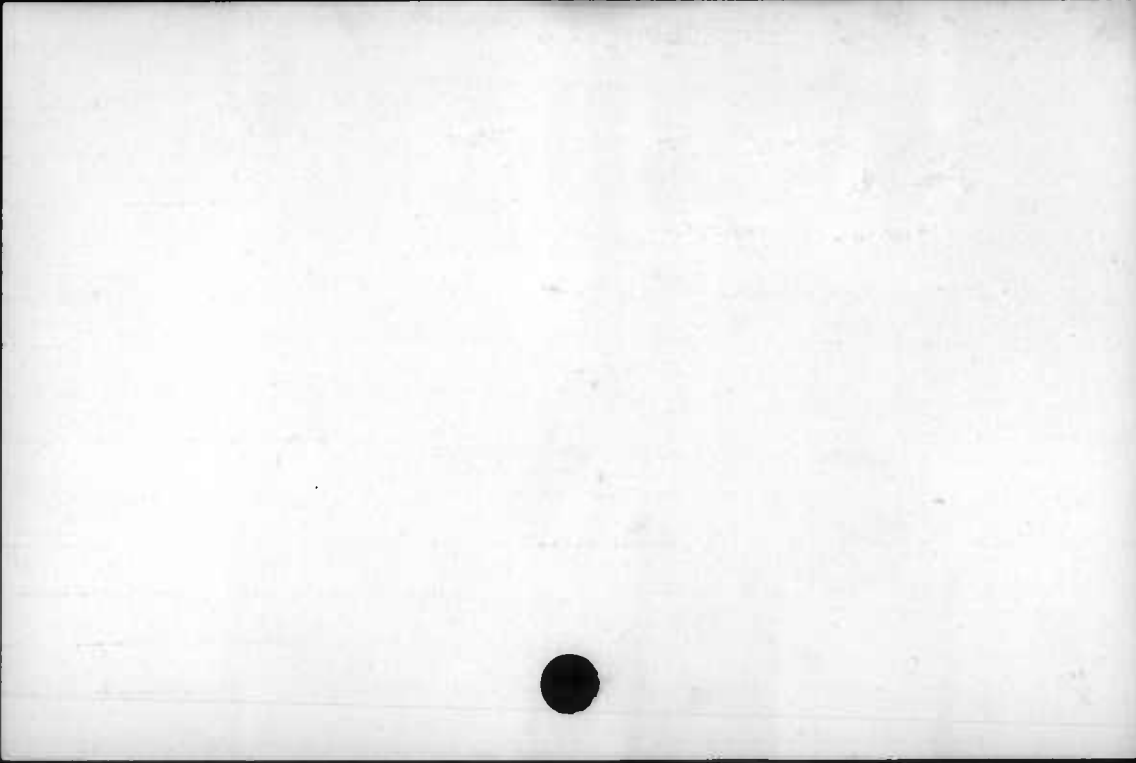
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>T. H. Lock</u> ^{Town}		<u>Blorchester</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month}		<u>14</u> ^{Day}	Age <u>51</u> ^{Years}	<u>0</u> ^{Months}	<u>0</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Occupation <u>Discharge</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>W. S. B. Colman</u>			
Father's Name <u>W. S. B. Colman</u>		Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Mary Clayville</u>		Mother's Birthplace <u>MD</u>			
Name of person giving information <u>James Colman</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Shell Gorn</u>	How long
Immediate	<u>forced to leave</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>[Signature]</u>
		Address <u>[Signature]</u>
Accident or Suicide?		<u>MD</u>



Name
in
Full

CERTIFICATE OF DEATH

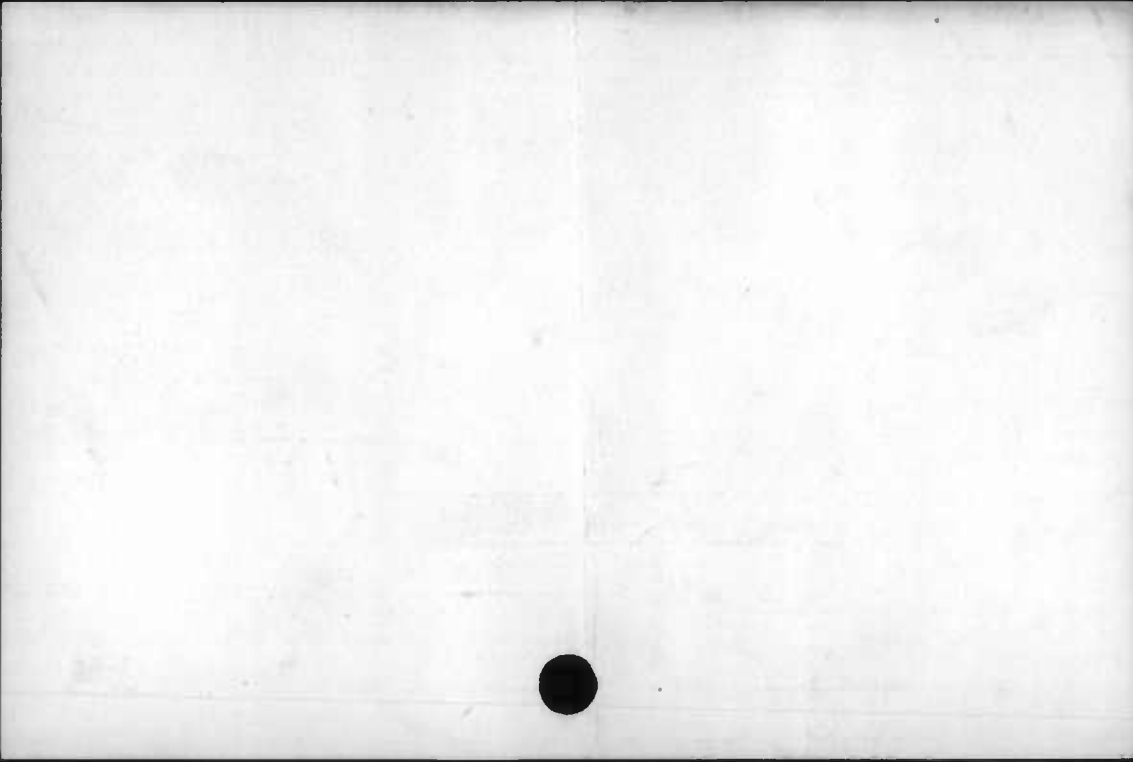
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years		Months	Days
1908		Oct	23	Age 50			
Sex	male		Color or Race	white		Birth-place	md
Occupation	farmer		Where Residing if not at place of death				
Married, Single or Widowed	married		Name of Wife or Husband Rhoda A. Nichols				
Father's Name	Thomas Craft					Father's Birthplace	ma
Mother's Maiden Name	Ann M. Fisher					Mother's Birthplace	md
Name of person giving information	Rhoda A. Craft					How related to deceased	wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysphoid	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. Kemp Jefferson
		Address	Federalburg, md
Accident or Suicide?			



Name
in
Full

Eliza Demby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Drawbridge</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Oct.</i> <small>Month</small>	<i>18</i> <small>Day</small>	Age <i>60</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Afro-American</i>		Birth-place <i>Drawbridge</i>		
Occupation <i>Washerwoman</i>	Where Residing if not at place of death <i>Drawbridge</i>				
Married, Single or Widowed		Name of Wife or Husband <i>James Demby</i>			
Father's Name <i>Levin Stanley</i>			Father's Birthplace <i>Don't Know</i>		
Mother's Maiden Name <i>Mary Stayward</i>			Mother's Birthplace <i>Don't Know</i>		
Name of person giving information <i>Chas. Stanley</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>One week</i>
Immediate <i>Heart failure</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes as far as I know</i>	Signature of Physician <i>R. J. Price</i>
Accident or Suicide? <i>Neither</i>	Address <i>Vienna Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

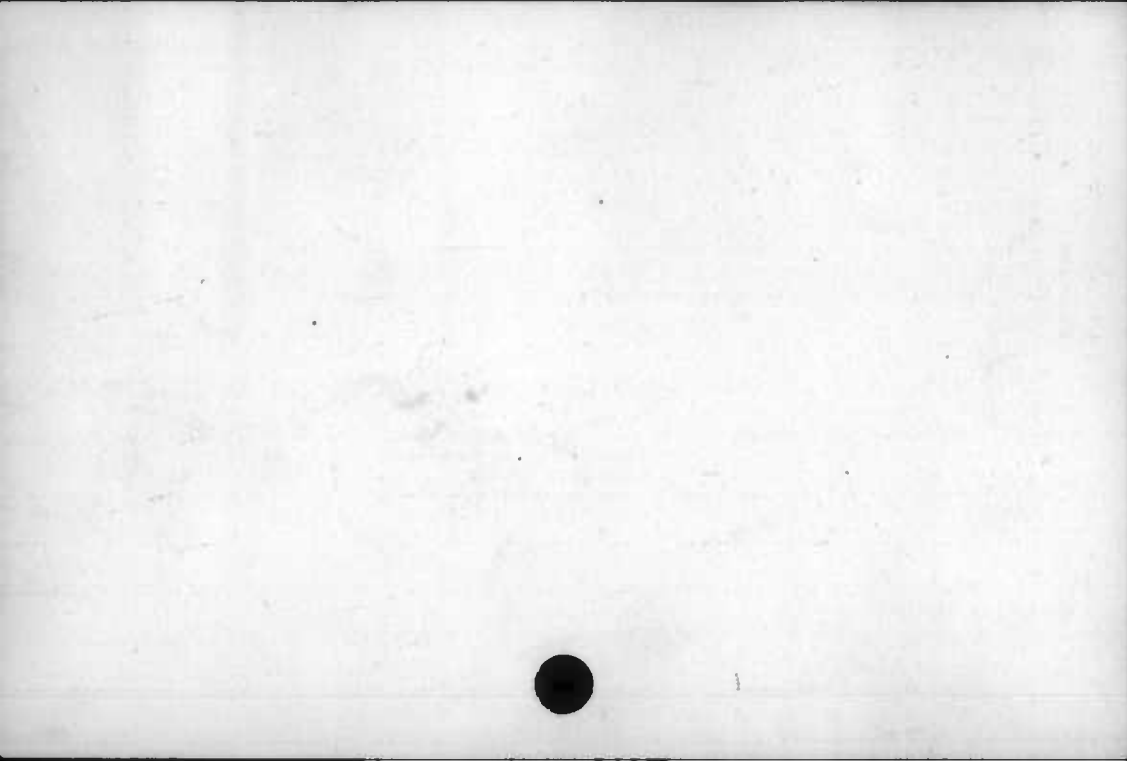
Died at <i>E. H. Market</i> Town			<i>Dorchester</i> County			MARYLAND		
Date of death	<i>1908</i>	Month <i>Oct</i>	Day <i>15</i>	Age	Years	Months <i>11</i>	Days <i>30</i>	
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>E. H. Market</i>					
Occupation <i>Infant</i>			Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband					
Father's Name <i>Richard H. Denard</i>			Father's Birthplace <i>Salem, Md.</i>					
Mother's Maiden Name <i>Mary E. Sephus</i>			Mother's Birthplace <i>E. H. Market</i>					
Name of person giving information <i>Richard H. Denard</i>			How related to deceased <i>Father</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>marasmus</i>	How long	<i>Four months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. F. Nichols M.D.</i>	
		Address <i>E. H. Market, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

John Wesley Dennis
Town Cambridge County Dorchester

MARYLAND

Date

of death 1908

Month

Oct

Day

16th

Years

Age abt 38

Months

Days

Sex

Male

Color or
Race

Colored

Birth
place

Dorchester Co.

Occupation

Laborer

Where Residing if not
at place of death

n

Married, Single
or Widowed

Single

Name of Wife or
Husband

n

Father's
Name

George Dennis

Father's
Birthplace

Unknown

Mother's
Maiden Name

Charlotte Boston

Mother's
Birthplace

Unknown

Name of person giving
In formation

Noah S Dennis

How related
to deceased

Brother

CAUSES OF DEATH

36

Primary

Syphilis & Paralysis

How long

8 months

Immediate

Cardiac Failure

How long

Several days

Are the name, age, sex, color, date
and place correctly given above?

Yes

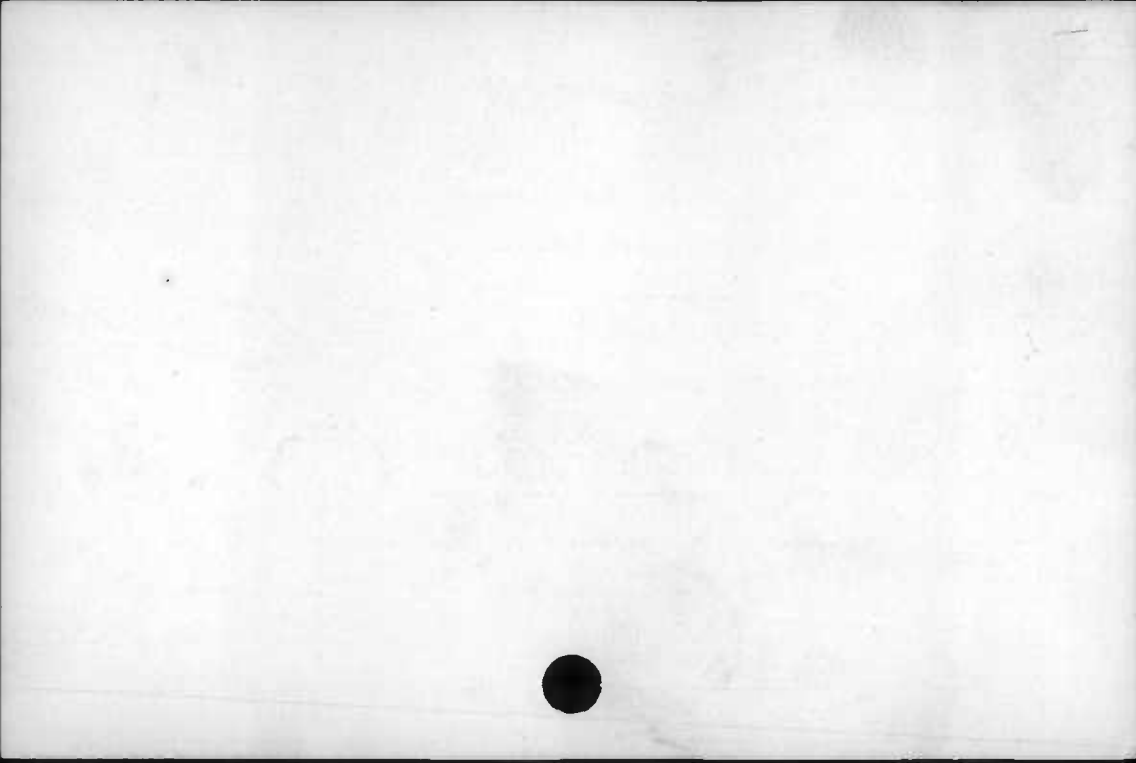
Signature of
Physician

Dexter S. Reynolds

Address

Cambridge Md

Accident or Suicide?



Name
in
Full

Mary E Dent

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cambridge		Dorchester		MARYLAND	
Date of death	1908	Month	Oct	Day	20th	Years	28
Sex		Female		Color or Race		Colored	
Occupation		Sawdress		Birthplace		Dorchester Co	
Married, Single or Widowed		Married		Name of Wife or Husband		Geo. Dent	
Father's Name		Joseph Ward		Father's Birthplace		Dorchester Co	
Mother's Maiden Name		Minerva Atkins		Mother's Birthplace		Dorchester Co	
Name of person giving information		Joseph Ward		How related to deceased		Father	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	3 months
Immediate	Cardiac Failure	How long	several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dexter B. Reynolds MD	
		Address	
		Cambridge Md	
Accident or Suicide?			



Name
in
Full

Lilly F. Ellis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *E. N. Market* TownCounty *Dorchester*

MARYLAND

Date of death *1909 Oct 17*Age *10* Years

Months

Days

Sex *Female*Color or
Race*Black*Birth-
place*E. N. Market*

Occupation

*Infant*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Alexander Ellis*Father's
Birthplace*Talbot, Co.*Mother's
Maiden Name*Eugenia Jenkins*Mother's
Birthplace*E. N. Market*Name of person giving
In formation*Alexander Ellis*How related
to deceased*Father*

CAUSES OF DEATH

177

Primary

Dropsey -

How long

Two months

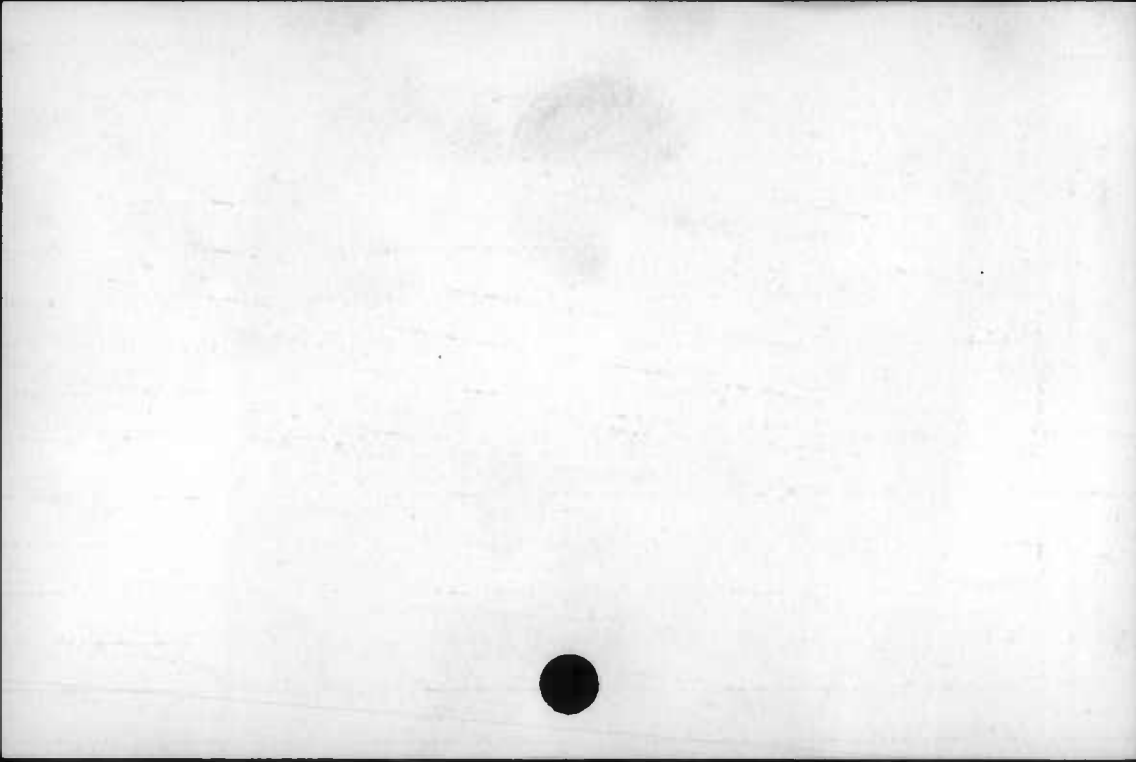
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*H. F. Nichols M.D.*

Address

E. N. Market~~Resident or Sufferer~~*Ind-*PHYSICIAN
OR CORONER



Name
in
Full

Sally Jarvis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

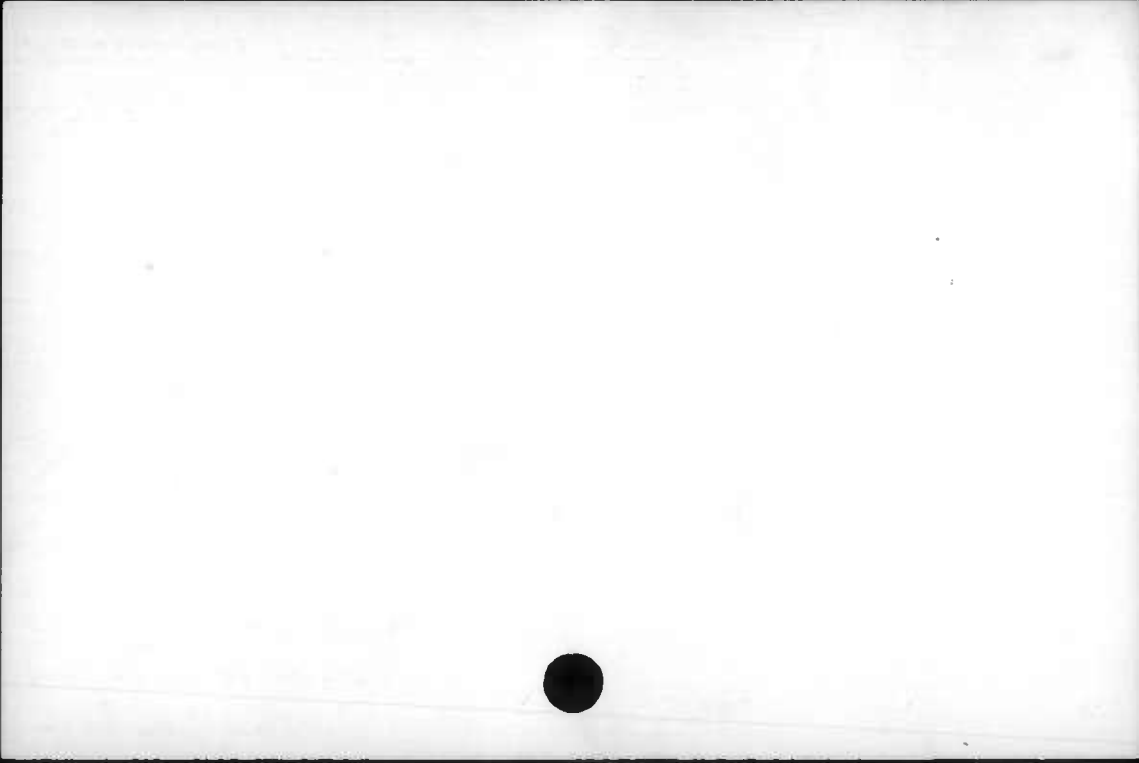
Died at <i>Cumtunda</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	1908	Month	Oct	Day	7
Age	74	Years	74	Months	—
Sex	Female	Color or Race	Colored	Birth-place	Dorchester Md
Occupation	Housewife		Where Residing if not at place of death		
Married, Single Widowed	Name of Wife or Husband		<i>Robert Jarvis</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Name of person giving Information	<i>Lizzie Camper</i>		How related to deceased		

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Rectum</i>	How long	<i>About one year</i>
Immediate	<i>Exhaustion</i>	How long	<i>Some weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>D. N. G. L. L. L. L.</i>
		Address	<i>Cumtunda Md</i>
Accident or Suicide			



Name
in
Full

Lewin Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

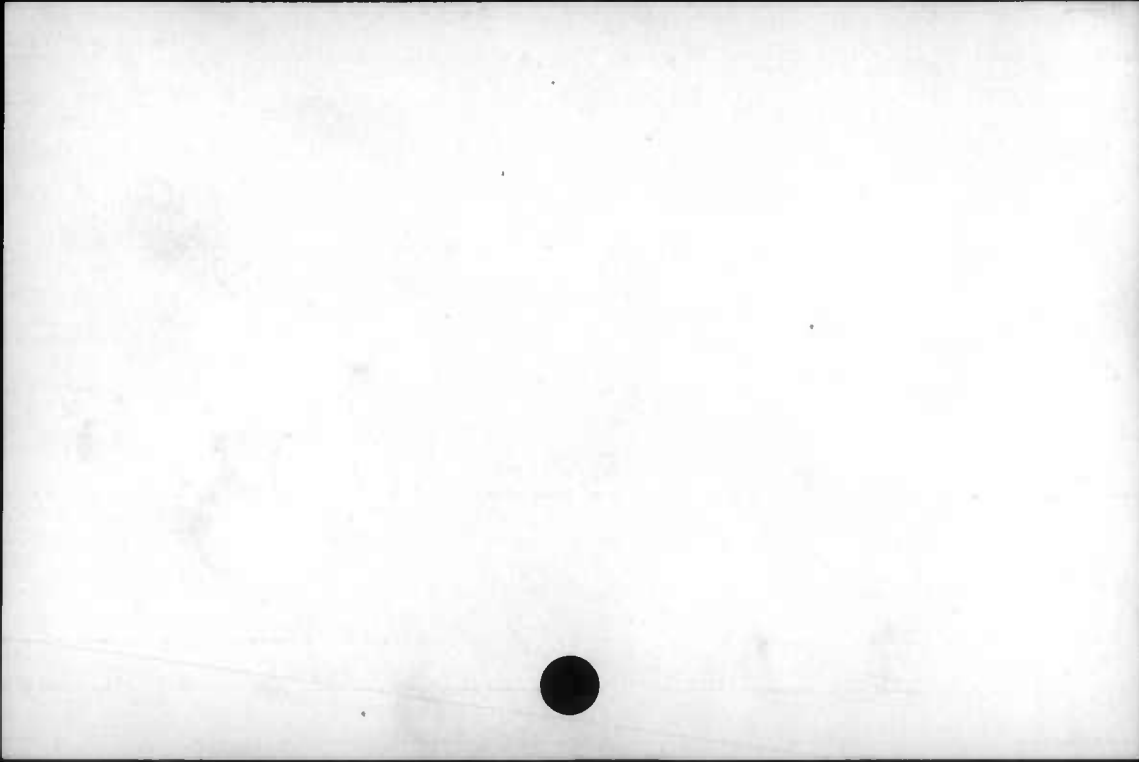
Died at <u>Husheon</u>		Town		County <u>Dor</u>		MARYLAND	
Date of death 190 <u>8</u>	Month <u>10</u>	Day <u>3</u>	Age <u>69</u>	Years	Months	Days	
Sex <u>male</u>	Color or Race <u>black</u>		Birth-place <u>Dor Co Md</u>				
Married, Single or Widowed <u>married</u>			Occupation <u>Solomon</u>				
Name of Wife or Husband <u>Hannetta Fletcher</u>							
Father's Name <u>Lewin Fletcher</u>				Father's Birthplace <u>Dor Co Md</u>			
Mother's Maiden Name <u>Larry Fletcher</u>				Mother's Birthplace <u>Id</u>			
Name of person giving information <u>Walter Hutchinson</u>				How related to deceased <u>son in law</u>			

CAUSES OF DEATH

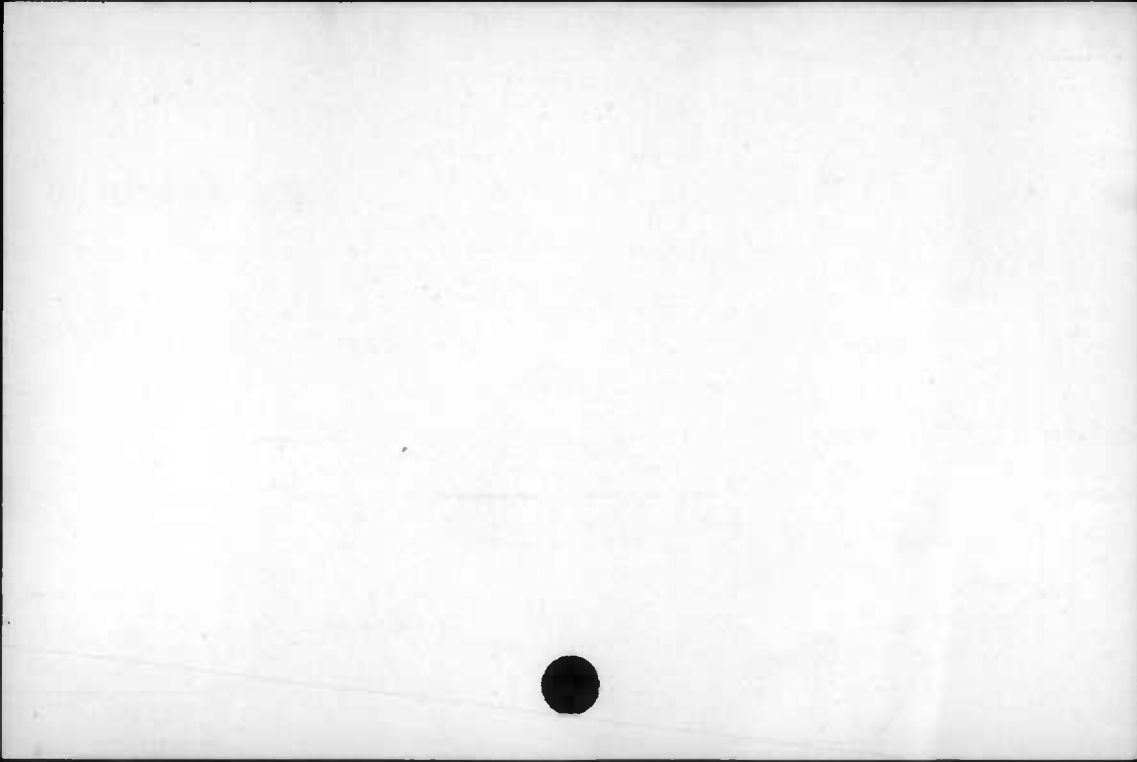
108

PHYSICIAN
OR CORONER

Primary	<u>Arterial Strangulation</u>	How long	<u>24 hours</u>
Immediate	<u>the same</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>G. Rogers Myers</u>	
		Address <u>Husheon Md</u>	
Accident or Suicide?			



Name in Full		Clarence W Fitcher				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cambudg</u> ^{Town}		<u>md</u> ^{County}		MARYLAND	
		Date of death <u>1908</u> ^{Year}		<u>Oct-</u> ^{Month}		<u>8</u> ^{Day}	
		Age <u>—</u> ^{Years}		<u>5-</u> ^{Months}		<u>3</u> ^{Days}	
		Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Philadelphia</u>	
		Occupation <u>Baby</u>		Where Residing if not at place of death <u>Cambudg</u>			
		<u>Married, Single or Widowed</u> <u>Single</u>		Name of Wife or Husband <u>—</u>			
		Father's Name <u>Ernest Fitcher</u>		Father's Birthplace <u>Cambudg</u>			
Mother's Maiden Name <u>Onida Elliott</u>		Mother's Birthplace <u>Cambudg</u>					
Name of person giving information <u>Onida Elliott</u>		How related to deceased <u>mother</u>					
		CAUSES OF DEATH		<div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">104</div>			
PHYSICIAN OR CORONER		Primary <u>Bronch Empyema</u>		How long <u>2 weeks</u>			
		Immediate <u>"</u>		How long <u>" "</u>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>No Physician</u>			
				Address <u>Green St Union</u>			
		Accident or Suicide?		Justice of the Peace			



Name

in
Full

Nathan Ferguson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death

1908

Oct

16

Age

65

Sex

Male

Color or
Race

Black

Birth-
place

Tennessee

Occupation

Laborer

Where Residing if not
at place of death

Cambridge

Married, Single
or Widowed

Married

Name of Wife or
Husband

Caroline Ferguson

Father's
Name

Ruben Ferguson

Father's
Birthplace

Ga

Mother's
Maiden Name

Lucy Clayton

Mother's
Birthplace

"

Name of person giving
information

May Manokay

How related
to deceased

None

CAUSES OF DEATH

179

Primary

Heart Failure

How long

1 day

Immediate

" "

How long

" "

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

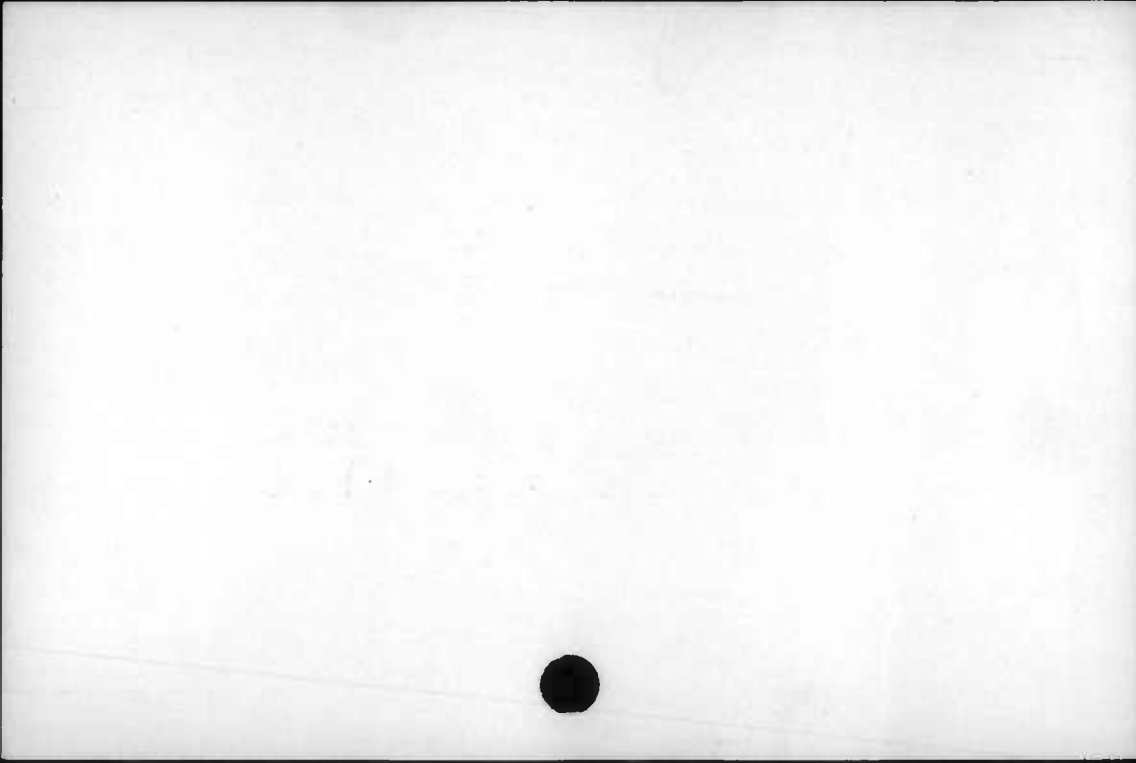
No physician

Address

Clement Sullivan

Accident or Suicide?

Justice of the Peace



Name
in
Full

Annie Gordon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

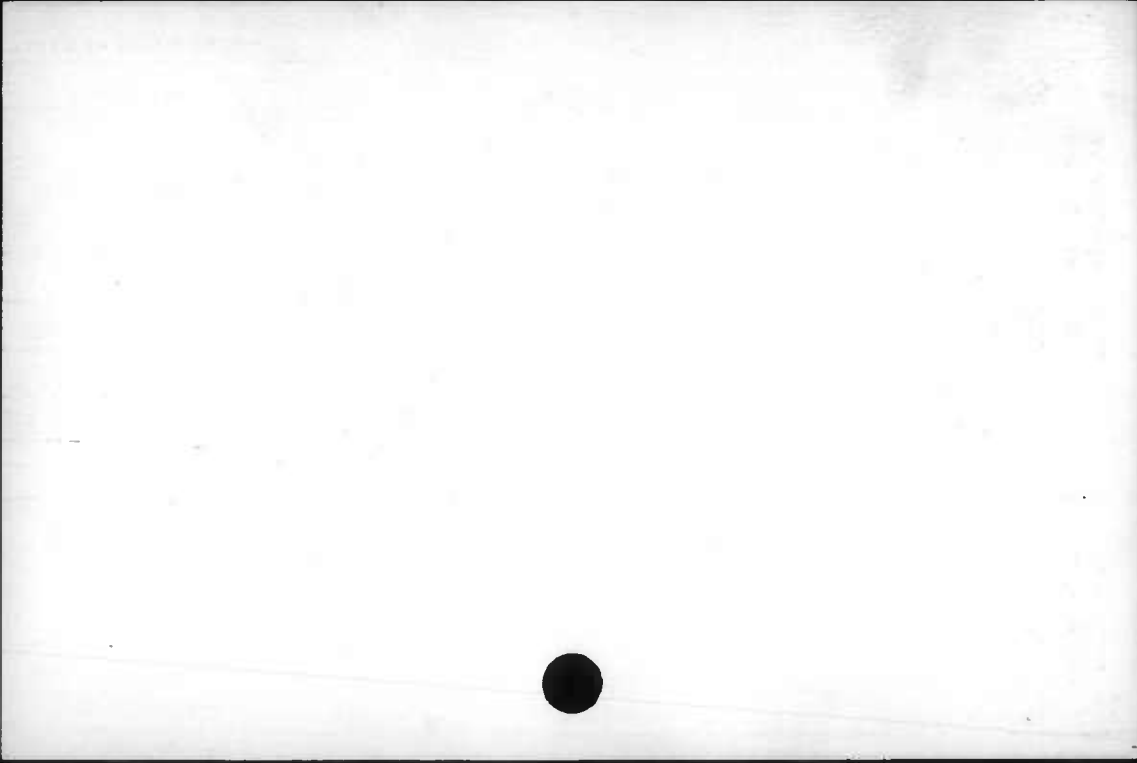
Died at		Town		County		Co		MARYLAND	
Date of death		Month		Day		Years		Months	
1908		Oct-		19		Age 50		2	
Sex		Color or Race		Black		Birth-place		Cambridge	
Occupation		Home Wife		Where Residing if not at place of death		Cambridge			
Married, Single or Widowed		Name of Wife or Husband		L. N. Gordon					
Father's Name		Josiah Standley		Father's Birthplace		Cambridge			
Mother's Maiden Name		Annie Hitt		Mother's Birthplace		Cambridge			
Name of person giving Information		L. N. Gordon		How related to deceased		Husband			

CAUSES OF DEATH

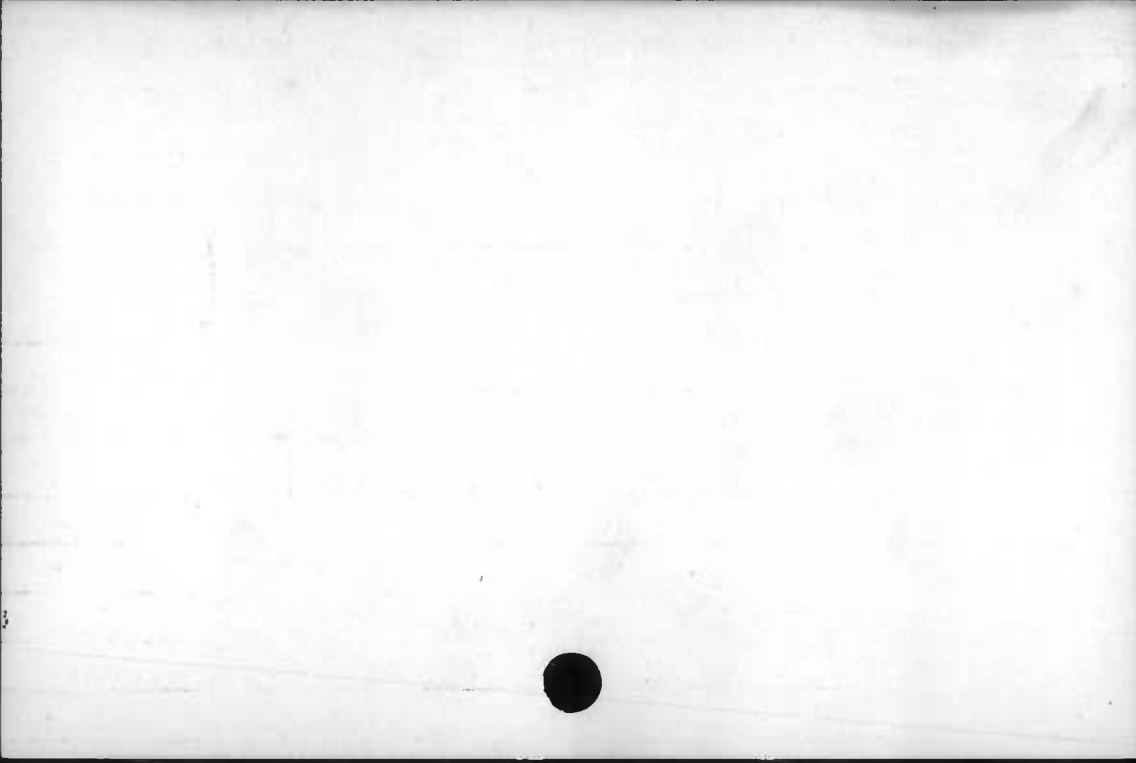
28

PHYSICIAN
OR CORONER

Primary	Tubercular Meningitis	How long	5 or 6 weeks
Immediate	Paralysis of Respiration	How long	Short
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. E. Wolff	
Address		Cambridge, Md	
Accident or Suicide			



Name in Full		Charlotte A. P. Goldsborough				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cambridge Town		Orchester County		MARYLAND
	Date of death	1908	Month	Oct.	Day	14	Age
					Years	74	Months
						3	Days
						21	
	Sex	Female		Color or Race	White		Birth-place
	Occupation		none		Where Residing if not at place of death		
Married, Single or Widowed		Widow		Name of Wife or Husband			
				Charles F. Goldsborough			
Father's Name		John Campbell Henry				Father's Birthplace	
						Or. Co. Md.	
Mother's Maiden Name		Mary Bennett Stull				Mother's Birthplace	
						Or. Co. Md.	
Name of person giving information		Guy Stull				How related to deceased	
						Nephew	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pul. Tuberculosis chronic Toxic				How long
							Many years
	Immediate		Gradual Exhaustion				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
				Guy Stull			
				Address			
				Cambridge Md.			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Jackson Jenkins
 Died at nr. New York Low County Dorchester **MARYLAND**
 Date of death 1908 Month 10 Day 15 Age 89 Years
 Sex Male Color or Race Black Birth-place Dorchester Md.
 Occupation Laborer Where Residing if not at place of death _____
 Merriad, Single or Widowed Widower Name of Wife or Husband Jane Jenkins
 Father's Name ade Jenkins Father's Birthplace Md.
 Mother's Maiden Name Hennie bornish Mother's Birthplace Md.
 Name of person giving Information stansbury Jenkins How related to deceased Son

CAUSES OF DEATH

154

How long

How long

PHYSICIAN
OR CORONER

Primary

old age

Immediate

old age

Are the name, age, sex, color, date and place correctly given above?

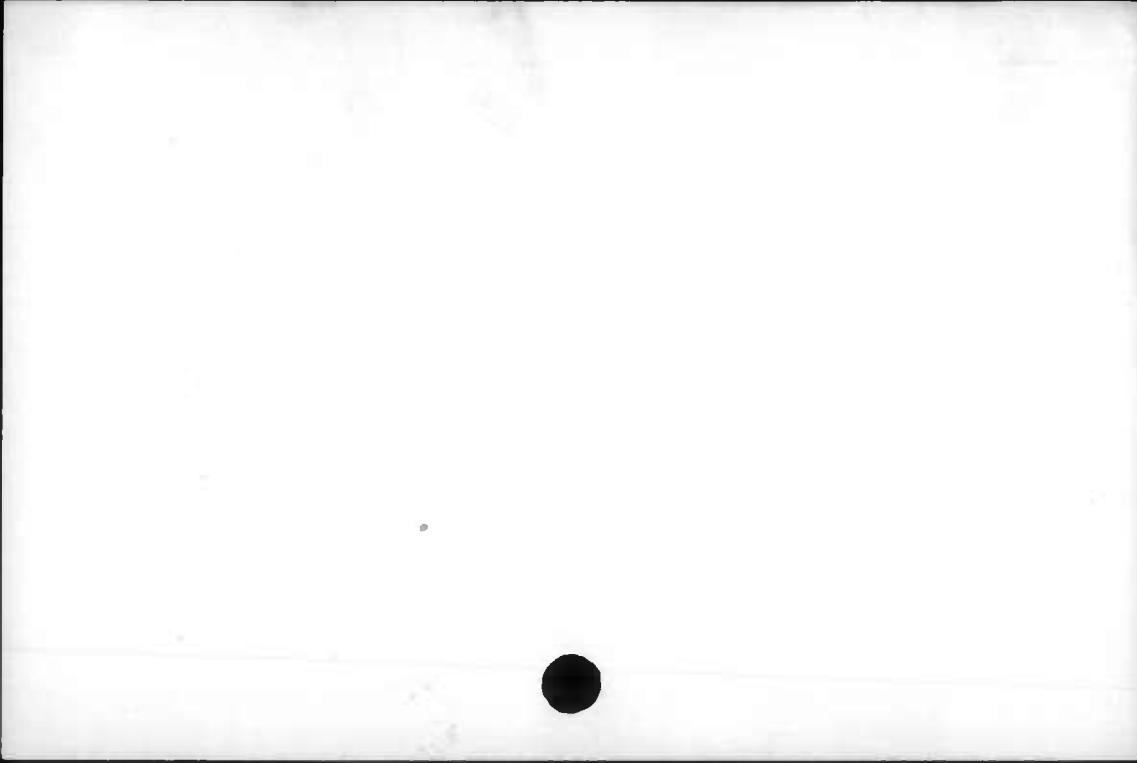
yes

Signature of Physician

Address

none in attendance
Robert L. Hastings
Sub Registrar

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>31</i>	Age <i>—</i>	Years <i>—</i>	Months <i>9</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>	Birth-place <i>Dorchester Co</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm Mortimer</i>		Father's Birthplace <i>Dorchester Co</i>			
Mother's Maiden Name <i>Frederica Jew</i>		Mother's Birthplace <i>Dorchester Co</i>			
Name of person giving information <i>Bessie Mortimer</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

How long

One week

How long

PHYSICIAN
OR CORONER

Primary *Dysentery*

Immediate *Aschemia*

Are the name, age, sex, color, date and place correctly given above?

Yes

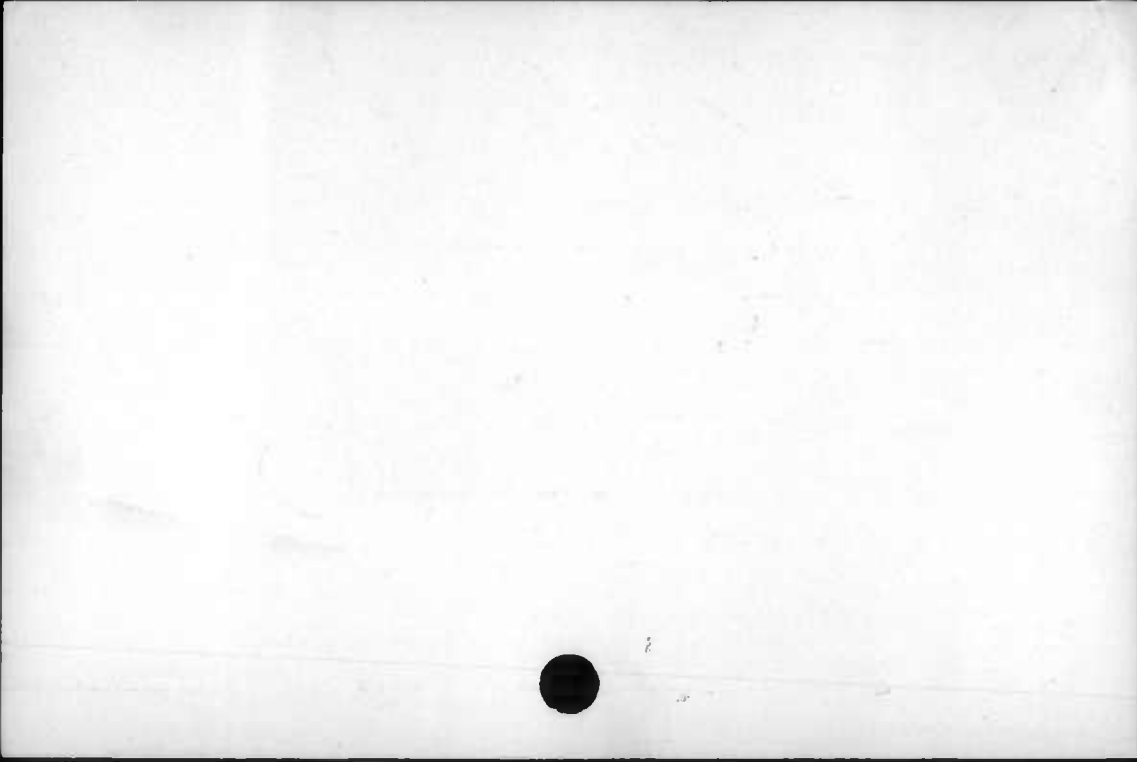
Signature of Physician

Address

Dexter B Reynolds M.D.

Cambridge Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

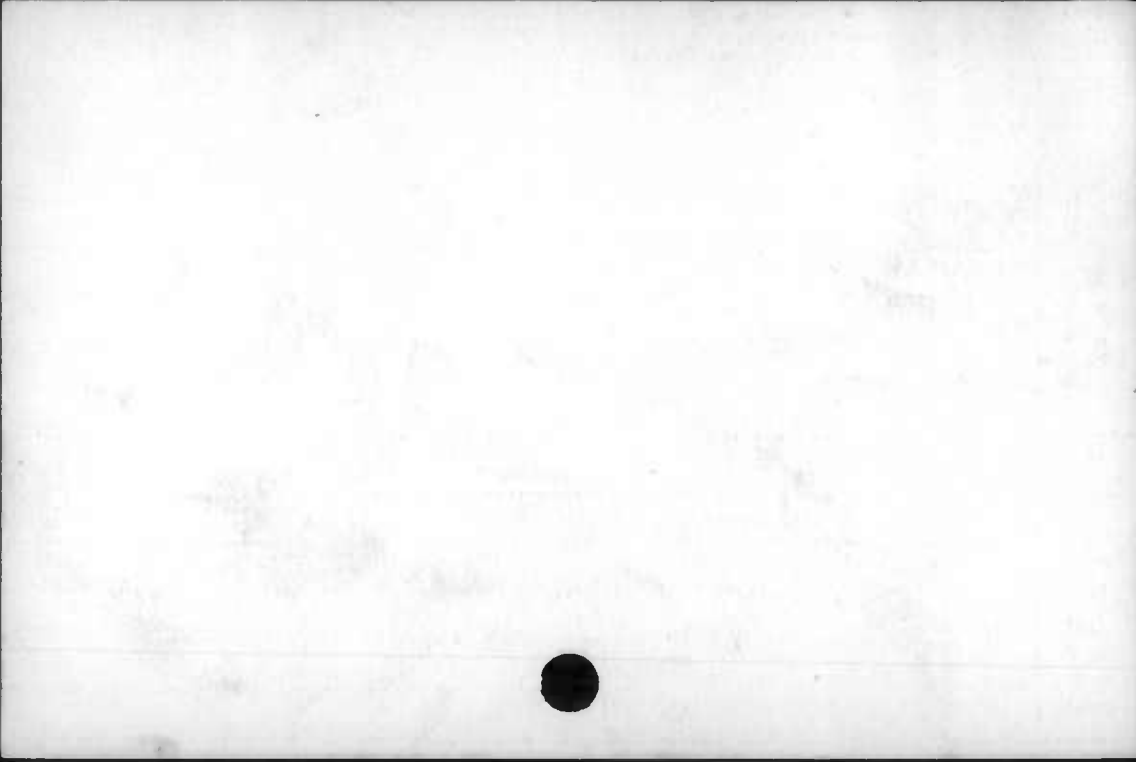
Died at <i>Taylor's Island</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>23</i>	Age <i>1</i>	Years <i>4</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Robert D. Lambdin</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Fredie Lambdin</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Henry P. Lambdin</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

Primary <i>Myocarditis</i>	How long <i>3 mo.</i>
Immediate <i>Tonsillitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. K. Shivers Jr.</i>
	Address <i>Taylor's Island</i>
Accident or Suicide? <i>—</i>	<i>Md.</i>



Name
in
Full

Thomas Sausford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

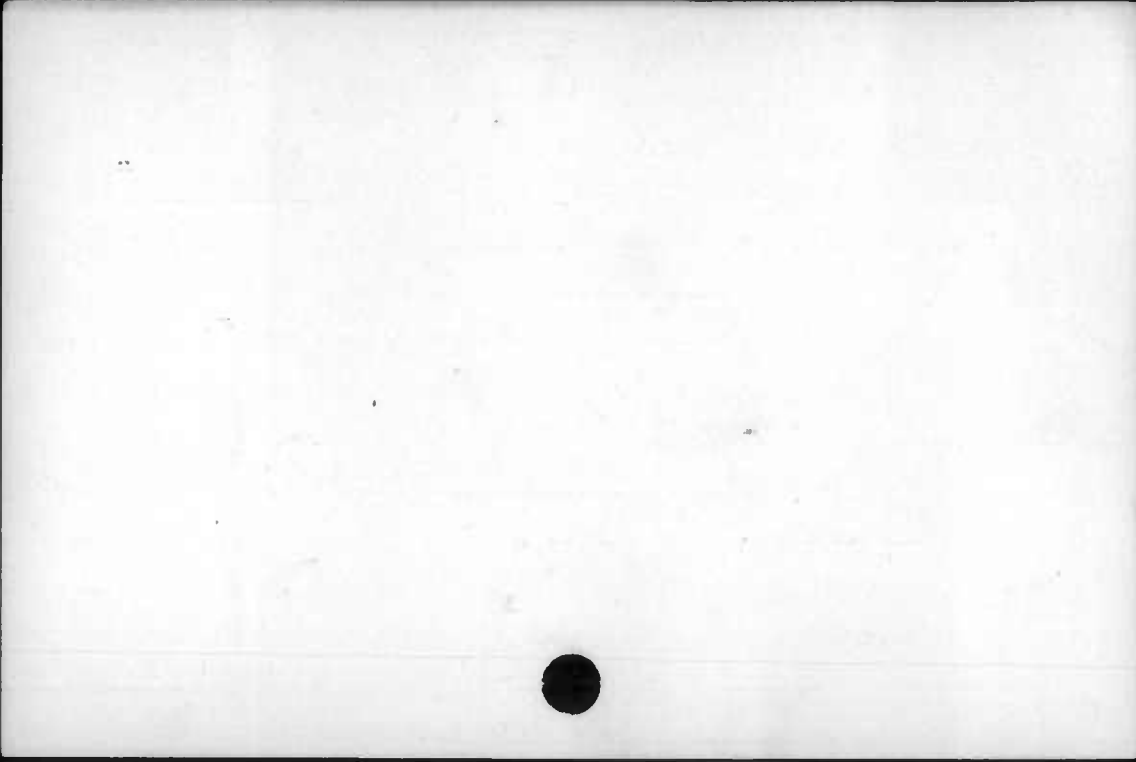
Died at		Cambridge		Torchester		MARYLAND	
Date of death		1903	Oct	19th	Age	51	Months
Sex		Male		Color or Race		Colored	
Occupation		Laborer		Birth-place		Dorchester Co	
Married, Single or Widowed		Married		Name of Wife or Husband		Maggie Sausford	
Father's Name		John Sausford		Father's Birthplace		Md	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information		Maggie Sausford		How related to deceased		Wife	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Carcinoma of Stomach	How long	6 mos
Immediate	Stichia	How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dexter B. Reynolds M.D.	
Address		Cambridge, Md.	
Accident or Suicide?			



Name
in
Full

Caleb Vaughn Mcnamara

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cambridge ^{County} Dorchester **MARYLAND**

Date of death 1908 ^{Month} Oct ^{Day} 26 ^{Years} Age 60 ^{Months} 2 ^{Days} 14

Sex male Color or Race White Birthplace Bishophead

Occupation Sailor Where Residing if not at place of death Cambridge

Married, Single or Widowed Married Name of Wife or Husband Hester A Mcnamara

Father's Name Clement Mcnamara Father's Birthplace Bishophead

Mother's Maiden Name Hester Cammish Mother's Birthplace Son

Name of person giving Information J. C. Mcnamara How related to deceased Son

CAUSES OF DEATH

130

PHYSICIAN
OR CORONER

Primary Chronic Nephritis How long two years

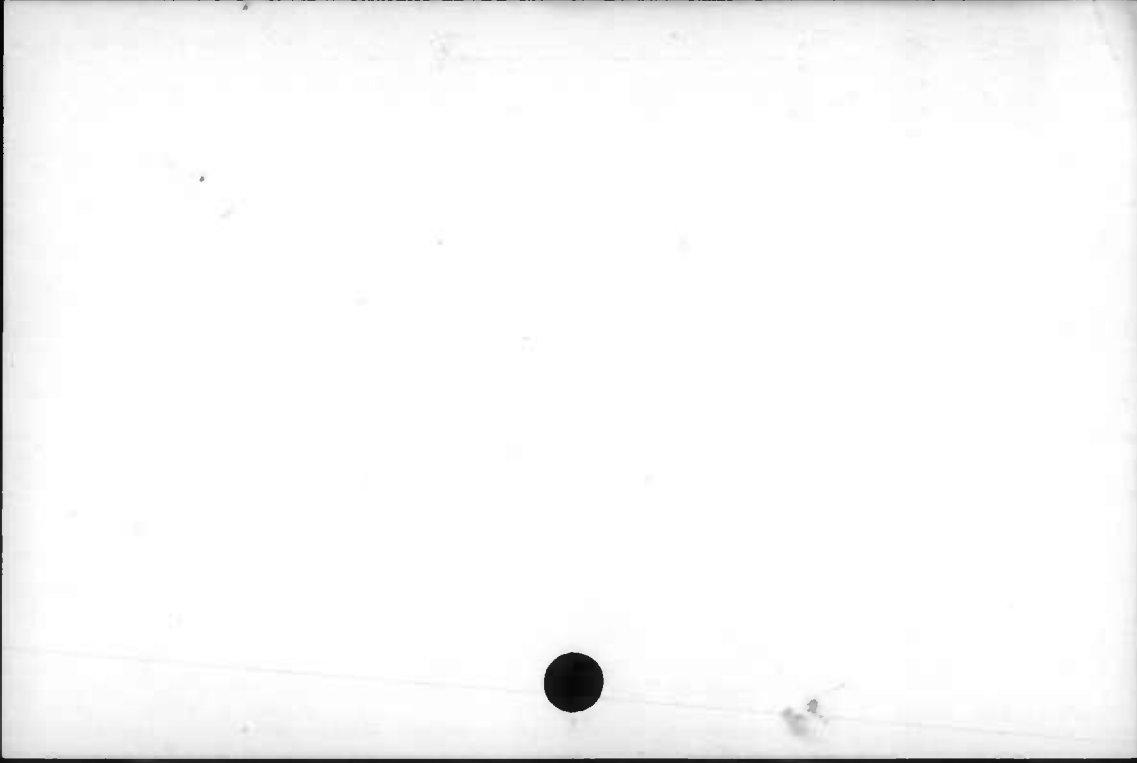
Immediate " How long

Are the name, age, sex, color, date and place correctly given above? yes

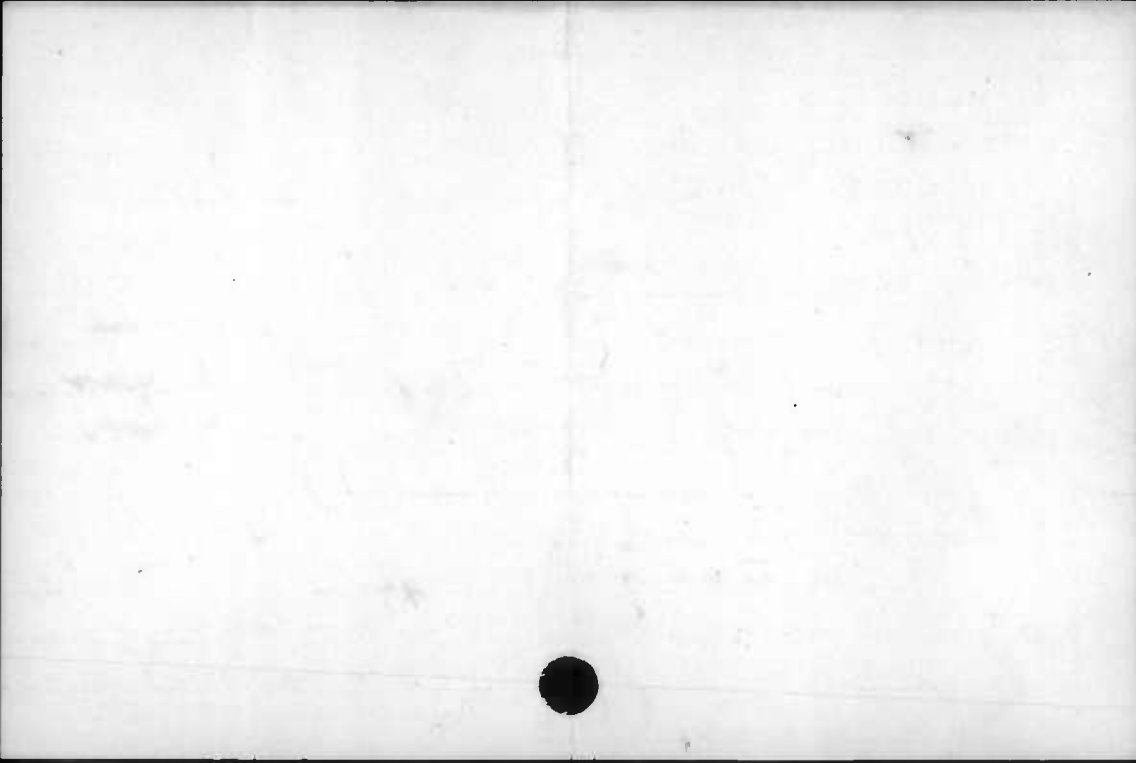
Signature of Physician J. C. Mcnamara

Address Cambridge Md

Accident or Suicide



Name in Full		Whelan, J. Meredith -				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Date of death		Month		Days	
		Sex		Color or Race		Birth-place	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Mother's Maiden Name		Father's Birthplace	
		Mother's Name		Name of person giving information		Mother's Birthplace	
						How related to deceased	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		How long			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
		Accident or Suicide?					



Name
in
Full

No Name infant Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

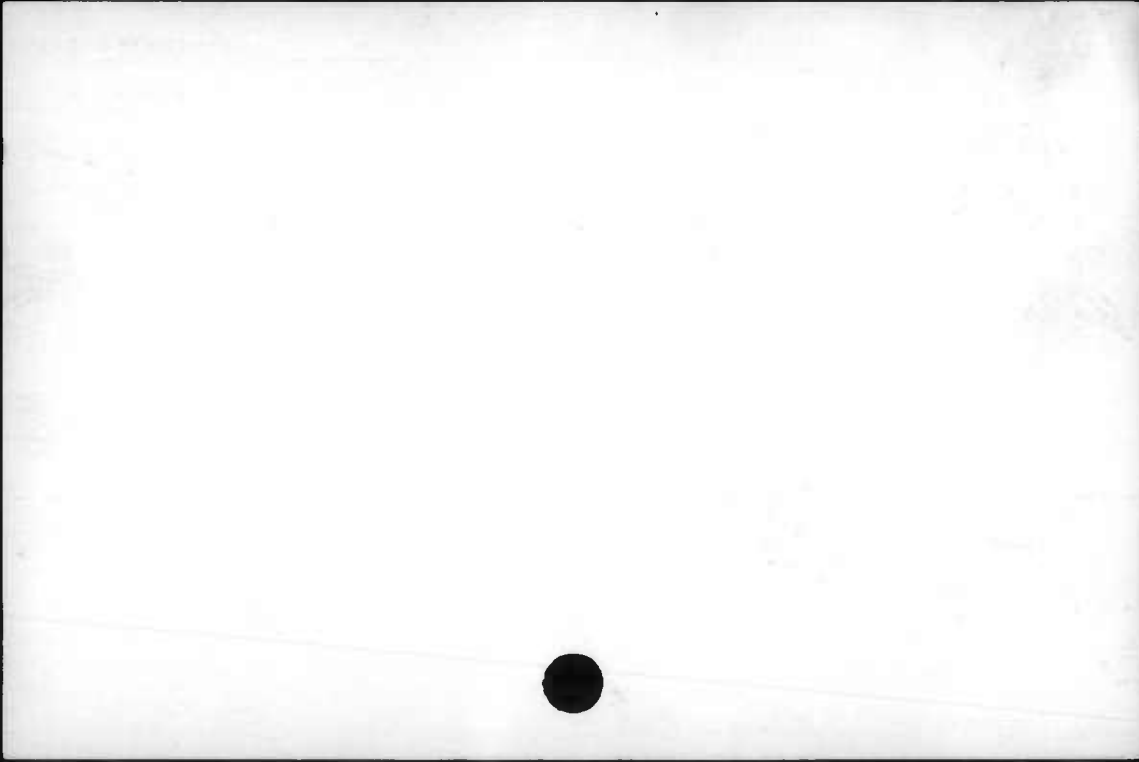
Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Oct.	23	—	—	—	—
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cambridge, Md.</i>			
Occupation <i>Child</i>		Where Residing if not at place of death —					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —					
Father's Name <i>J. B. Mills</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Lucy Elliott</i>		Mother's Birthplace "					
Name of person giving Information <i>J. B. Mills</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary <i>Cord around neck of child.</i>	How long <i>Can't say or I never saw one until</i>
Immediate <i>Asphyxia.</i>	How long after child was born <i>born</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. E. Wolff</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide <i>Mills' son</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

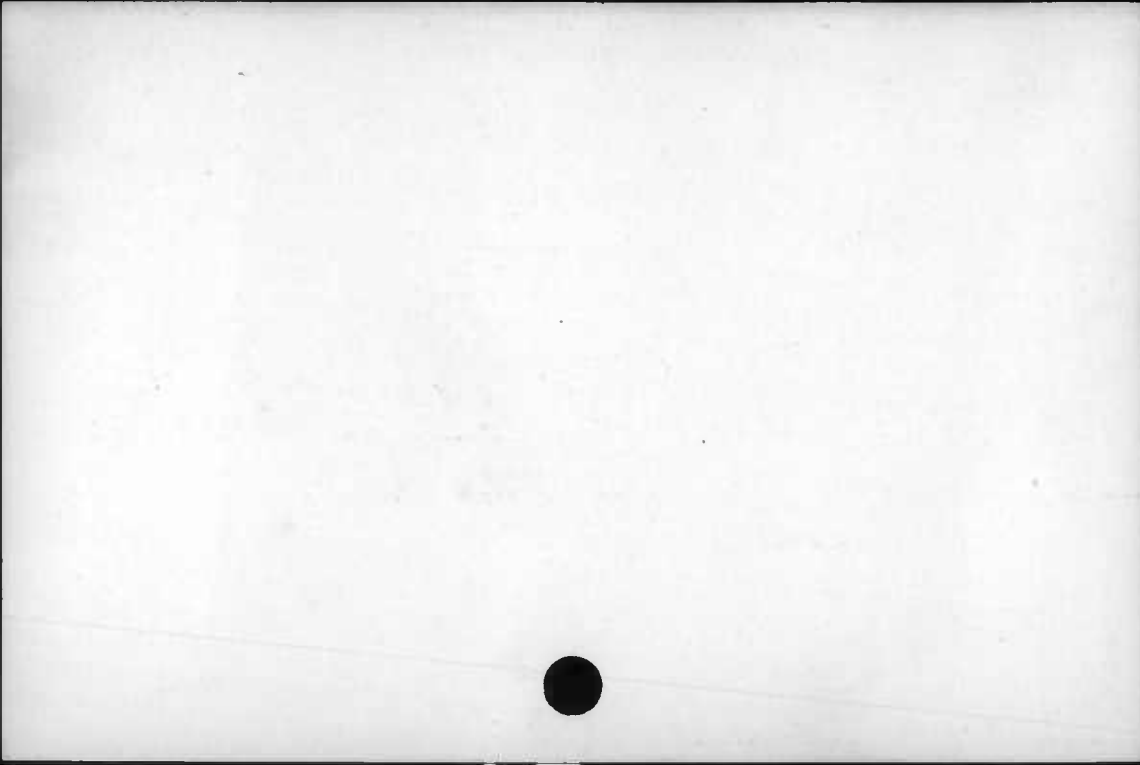
Name <i>Nattie Neal</i>		Town <i>Drawbridge</i>		County <i>Donchester</i>		MARYLAND	
Died at <i>Drawbridge</i>		Month <i>Octo.</i>		Day <i>24</i>		Years <i>18</i>	
Date of death <i>1908</i>		<i>Octo.</i>		<i>24</i>		Age <i>18</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Don't Know</i>			
Occupation <i>Attending School</i>		Where Residing if not at place of death <i>Drawbridge</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>J. M. Neal</i>		Father's Birthplace <i>Drawbridge</i>					
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace <i>Don't Know</i>					
Name of person giving information <i>J. M. Neal</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary <i>Typhoid</i>	How long <i>3 weeks</i>
Immediate <i>Prostration</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>as far as I know</i>	Signature of Physician <i>R. J. Price</i>
	Address <i>Vienna Md.</i>
Accident or Suicide? <i>accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

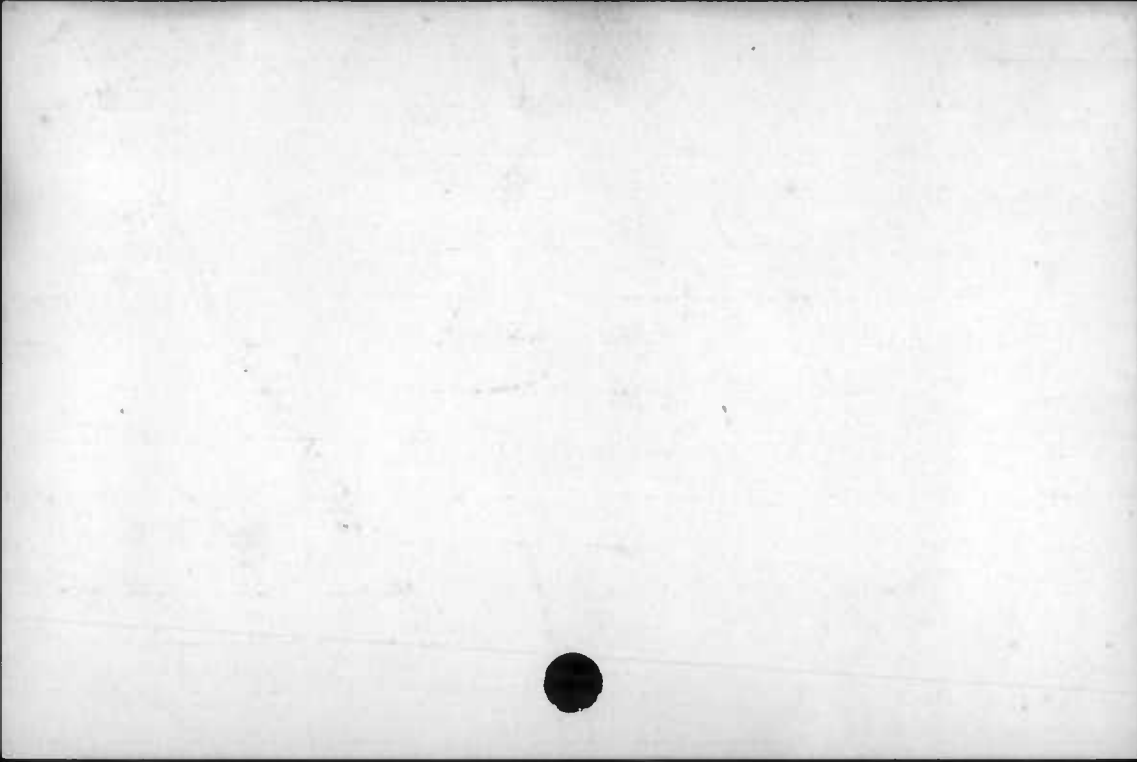
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamstown</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>13</i>	Age <i>17</i>	Years <i>4</i>	Months <i>4</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Joseph M Paul</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Sarah F Good</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Sarah F Good</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>2 weeks</i>
Immediate <i>Hemorrhage of bowels</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Maguire</i>
	Address <i>Worcester Ind</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Vance Prettyman.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cnapo Town

County

Date

of death 1908 Oct. Month

Day

26

Age

Years

16

Months

Days

Sex

FemaleColor or
RaceWhiteBirth-
placeDulles

Occupation

NoneWhere Residing if not
at place of death—Married, Single
or WidowedSingleName of Wife or
Husband—Father's
NameJohn W. PrettymanFather's
BirthplaceDullesMother's
Maiden NameFannie CookMother's
BirthplaceDullesName of person giving
In formationJohn W. PrettymanHow related
to deceasedFather

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary

Typhoid

How long

5 weeks

Immediate

Intestinal Haemorrhage

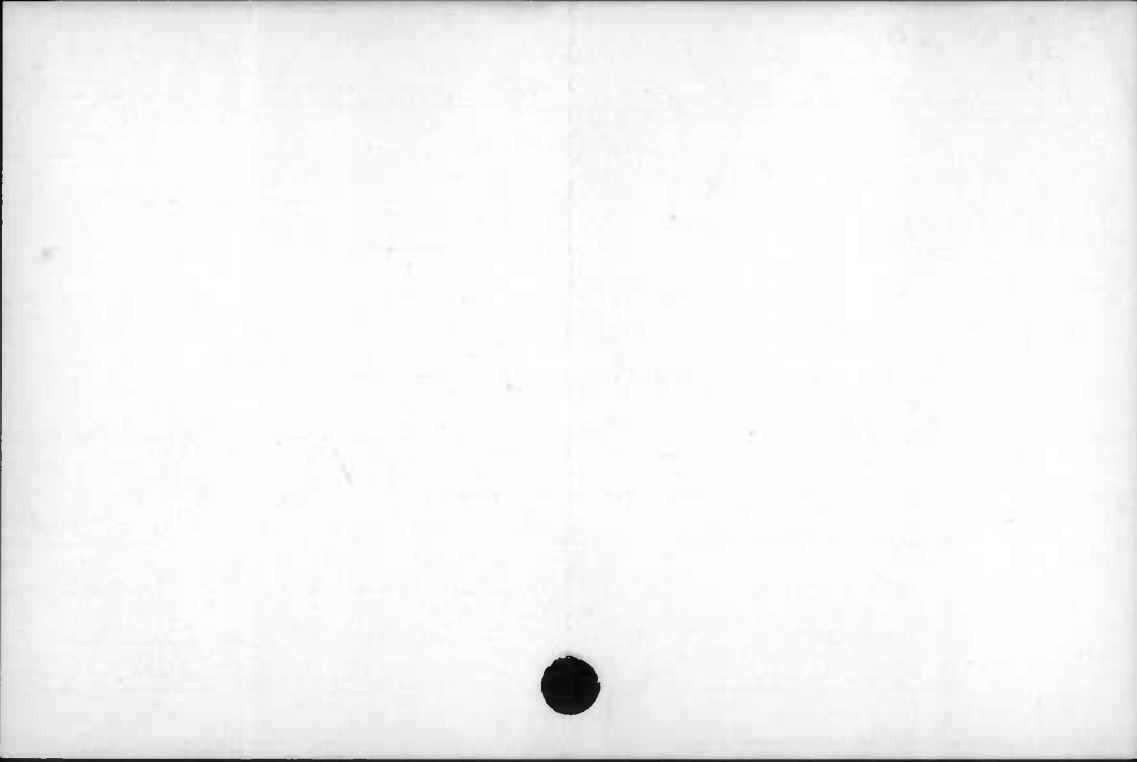
How long

20 hoursAre the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianP. S. Spaulding

Address

Cum gratia - Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

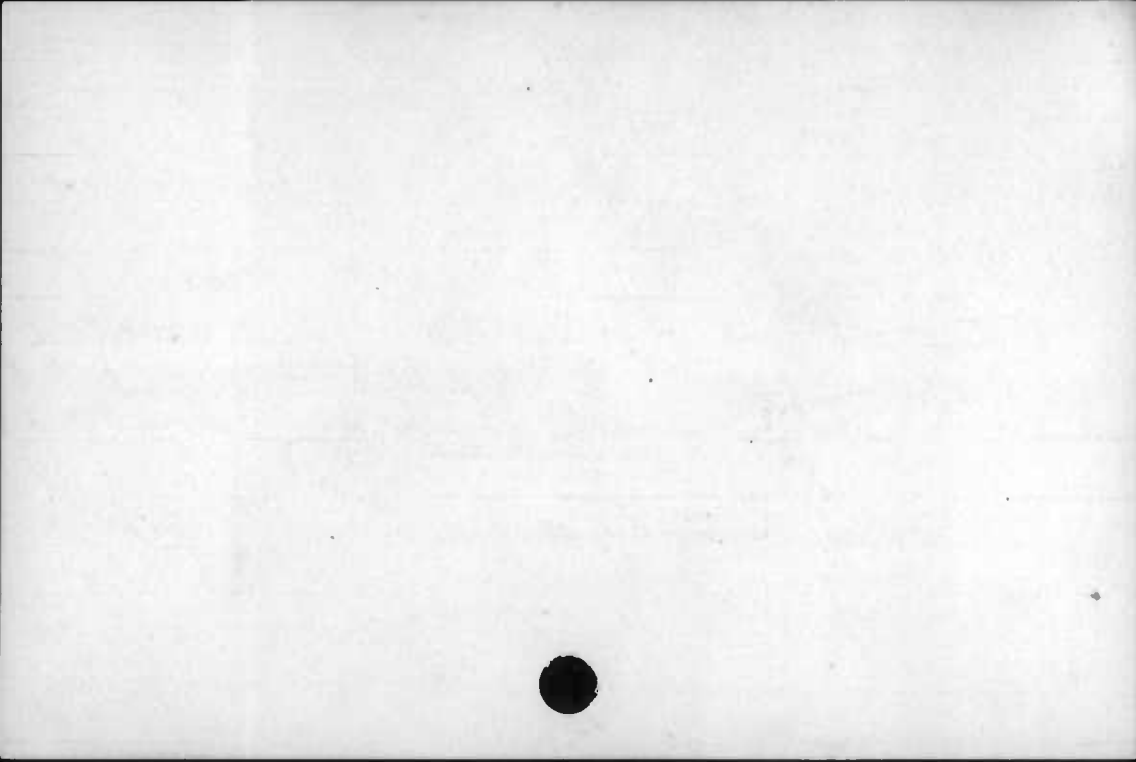
Name in Full Edward L Pritchard		Town Secretary		County Dorchester		MARYLAND	
Died at Secretary		Month 10		Day 30		Age 11	
Date of death 1908		Month 10		Day 30		Age 11	
Sex Male		Color or Race White		Birth-place Dorchester			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Chas M Pritchard				Father's Birthplace Dorchester			
Mother's Maiden Name Nora Matilda Elworth				Mother's Birthplace Massachusetts			
Name of person giving information Chas M Pritchard				How related to deceased Father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Marasmus		How long Six months	
Immediate Enteritis		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. F. Nichols MD	
		Address E. N. Market	
		Ind.	
Accident or Suicide?			



Name
in
Full

William L. Saunders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>mil tow</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Oct.</i> ^{Month}	<i>17th</i> ^{Day}	Age <i>62</i> ^{Years}	Months <i>0</i>	Days <i>7</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Dorchester</i>	
Occupation <i>Sailor</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan A. Mills</i>			
Father's Name <i>William Saunders</i>		Father's Birthplace <i>Dorchester</i>			
Mother's Maiden Name <i>Lillian A. Christopher</i>		Mother's Birthplace <i>Dorchester</i>			
Name of person giving information <i>Benjamin R. Saunders</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic interstitial nephritis</i>	How long <i>5 mos.</i>
Immediate <i>Mitral regurgitation</i>	How long <i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. L. Smith</i>
	Address <i>Church Creek, Md</i>
Accident or Suicide?	



Name
in
Full

Christina Eare Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>Oct</u> ^{Month}	<u>31</u> ^{Day}	Age <u>5</u> ^{Years}	<u>5</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>George Smith</u>			Father's Birthplace <u>Dorchester Co</u>		
Mother's Maiden Name <u>Mary Eare</u>			Mother's Birthplace <u>Dorchester Co</u>		
Name of person giving information <u>George Smith</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<u>Broncho Pneumonia</u>	How long <u>5 weeks</u>
Immediate	<u>Cardiac Failure</u>	How long <u>several days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>Dexter B. Reynolds M.D.</u>
		Address <u>Cambridge Md</u>
Accident or Suicide?		

Wm. H. L.

Name
in
Full

Clinton A Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Crapo District no 5*County *Dorchester*Date of death *1908 October 11th*Age *—*Months *8*Days *—*Sex *male*
Occupation *none*Color or Race *white*Birth-place *Crapo Dor co md*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *A P Smith*Father's Birthplace *Lakes Mill Dor co md*Mother's Maiden Name *Eba B Foxwell*Mother's Birthplace *Crapo*Name of person giving information *George Kirwin*How related to deceased *uncle*

CAUSES OF DEATH

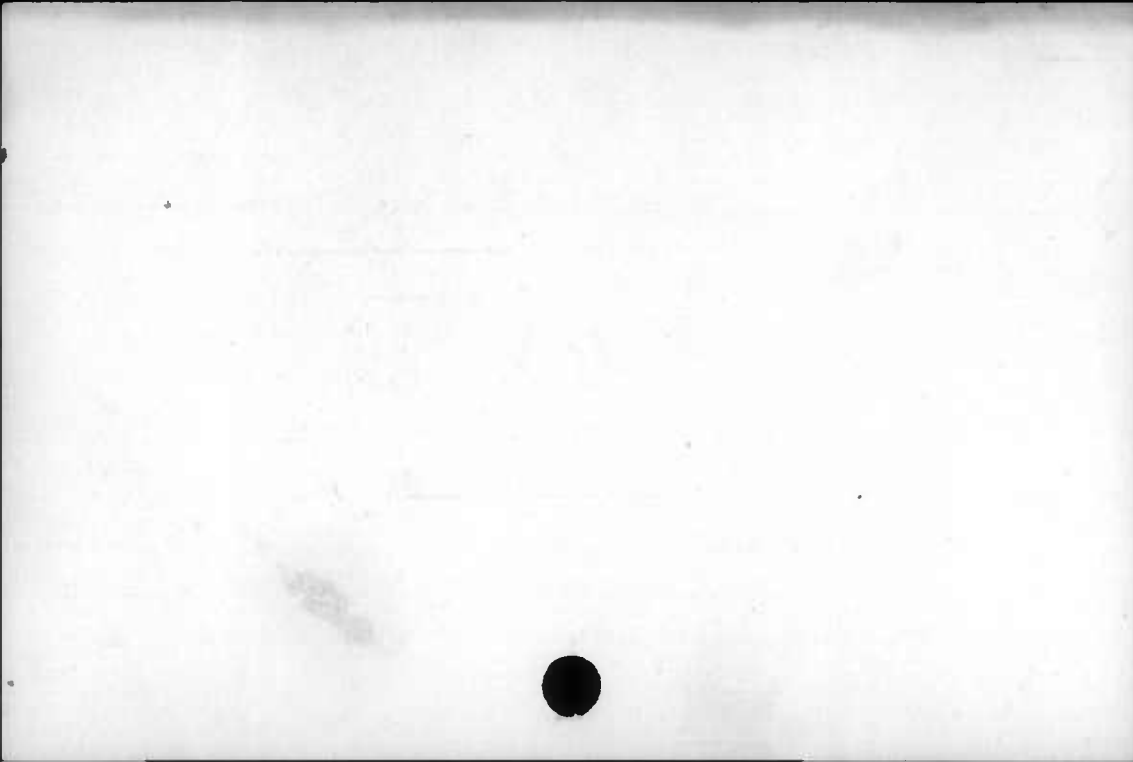
104

Primary *Stomach Trouble*How long *one week*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *no Physician in attendance*Address *Wm H H Pritchett J P Bishop Head md*

Accident or Suicide?



Name
In
Full

Matthew J. P. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

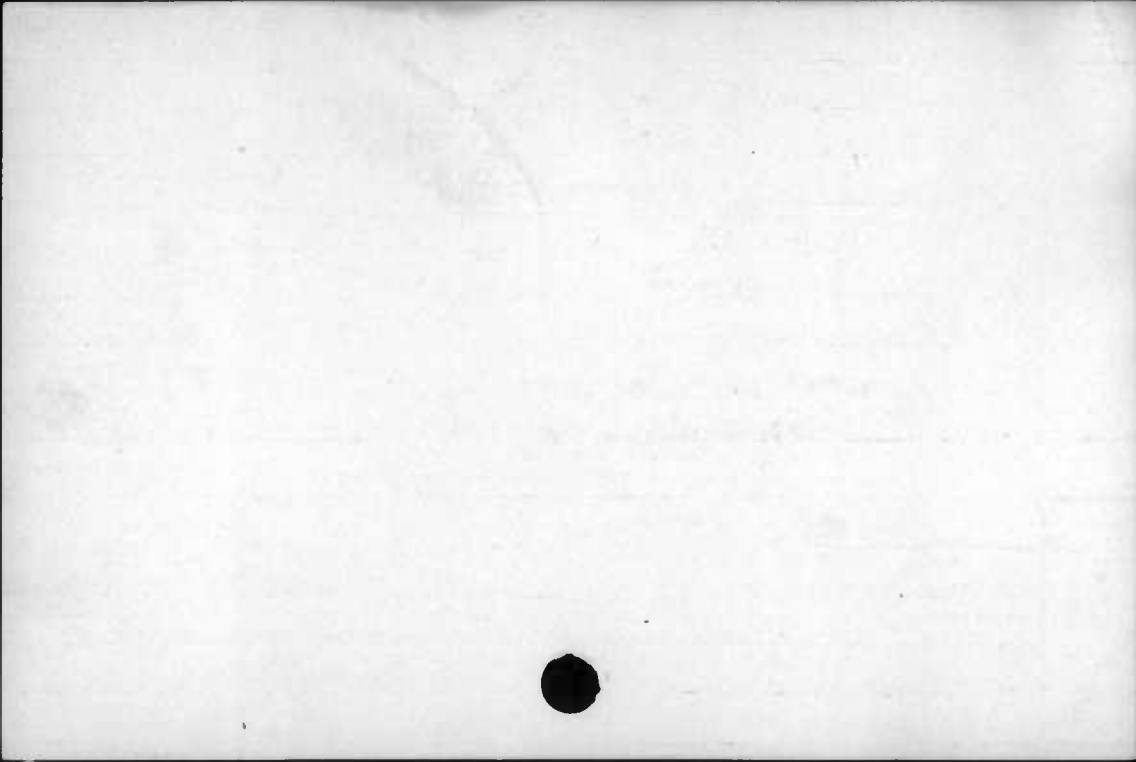
Died at <i>E. H. Market</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1908	Month	Oct	Day	29
Age	67	Years		Months	10
Sex	Male	Color or Race	White	Birth-place	Ms.
Occupation	<i>Retired Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mary Jane Smith</i>		
Father's Name	<i>Matthew Smith</i>		Father's Birthplace	<i>Fork Dist</i>	
Mother's Maiden Name	<i>Sarah Brobauer</i>		Mother's Birthplace	<i>Fork Dist</i>	
Name of person giving information	<i>Mary Jane Smith</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>dropsy Chronic Bright organic Heart disease</i>	How long	<i>Two years</i>
Immediate	<i>Paralysis Brain</i>	How long	<i>Five days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. F. Nichols M.D.</i>
		Address	<i>E. H. Market, Md.</i>
Accident or Suicide?			



Name
in
Full

Paul C Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

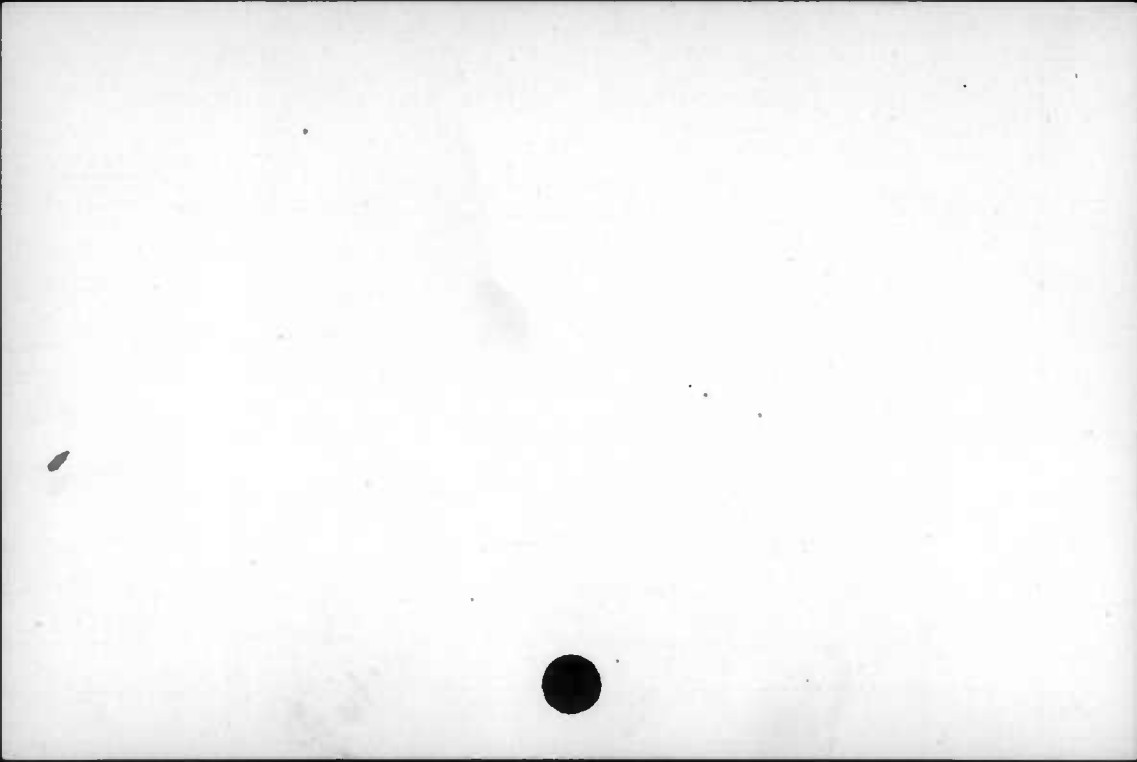
Died at <i>Crapo District no 5</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>October</i>	Day <i>18</i>	Age	Years <i>—</i>	Months <i>8</i>	Days <i>7</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Crapo Dorco md</i>
Occupation	<i>none</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>A P Smith</i>					Father's Birthplace	<i>Lakes Mill Dorco md</i>
Mother's Maiden Name	<i>Eva B Boywell</i>					Mother's Birthplace	<i>Crapo Dorco md</i>
Name of person giving information	<i>George Kirwin</i>					How related to deceased	<i>uncle</i>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>not known</i>	How long	<i>—</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>no Physician in attendance</i>
		Address	<i>Wm H Pritchett J P Bishop's Head md</i>
Accident or Suicide?			



Name
in
Full

Bertha Stanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Oct.	2	24	8		
Sex		Color or Race		Birth-place			
Female		Colored		Dorchester Co.			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or widowed		Name of Wife or Husband					
Married		Irving Stanley					
Father's Name		Father's Birthplace					
John W. Stanley		Bucktown					
Mother's Maiden Name		Mother's Birthplace					
Melinda Davis		Bucktown					
Name of person giving Information		How related to deceased					
Howard Farrow		Uncle					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Consumption	How long	6 or 7 months
Immediate	exhaustion	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		No physician	
		Address	
		Baltimore & Annapolis	
Accident or Suicide		Justice of the Peace	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

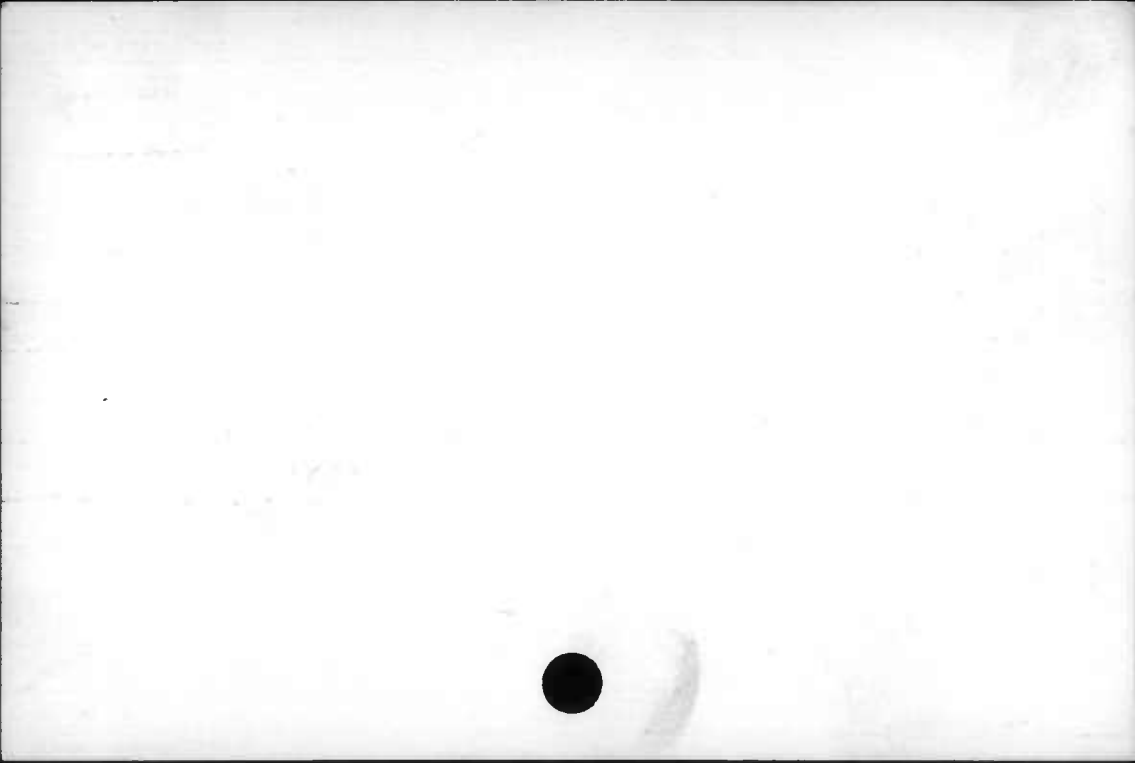
Name in Full <i>Ezekiel Vickers</i>		Town <i>Cambridge</i>		County <i>Donkelt</i>		State <i>MARYLAND</i>	
Died at <i>Cambridge</i>		Month <i>October</i>		Day <i>29</i>		Year <i>1908</i>	
Date of death <i>1908</i>		Month <i>October</i>		Day <i>29</i>		Age <i>83</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Don't Know</i>		Months <i>5</i>	
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lizzie Harris</i>					
Father's Name <i>Don't Know</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Egleaston M. Moore</i>		How related to deceased <i>Not at all</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Pneumonia & La Grippe</i>	How long <i>70 days</i>
Immediate <i>Heart Failure</i>	How long <i>short</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. E. Wolff</i>
	Address <i>Cambridge, Md</i>
Accident or Suicide	



Name
in
Full

Mary G. Staples

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County MARYLAND

Date of death 1908 Month Oct. Day 1 Age 32 Years Months — Days —

Sex Female Color or Race White Birth-place Maryland

Occupation Housewife Where Residing if not at place of death Cambridge

Married, Single or Widowed Married Name of Wife or Husband George M. Staples

Father's Name George T. Davy Father's Birthplace Maryland

Mother's Maiden Name Abella Francis Mother's Birthplace "

Name of person giving Information George M. Staples How related to deceased Husband

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary Placenta previa + miscarriage How long 5 1/2 hours

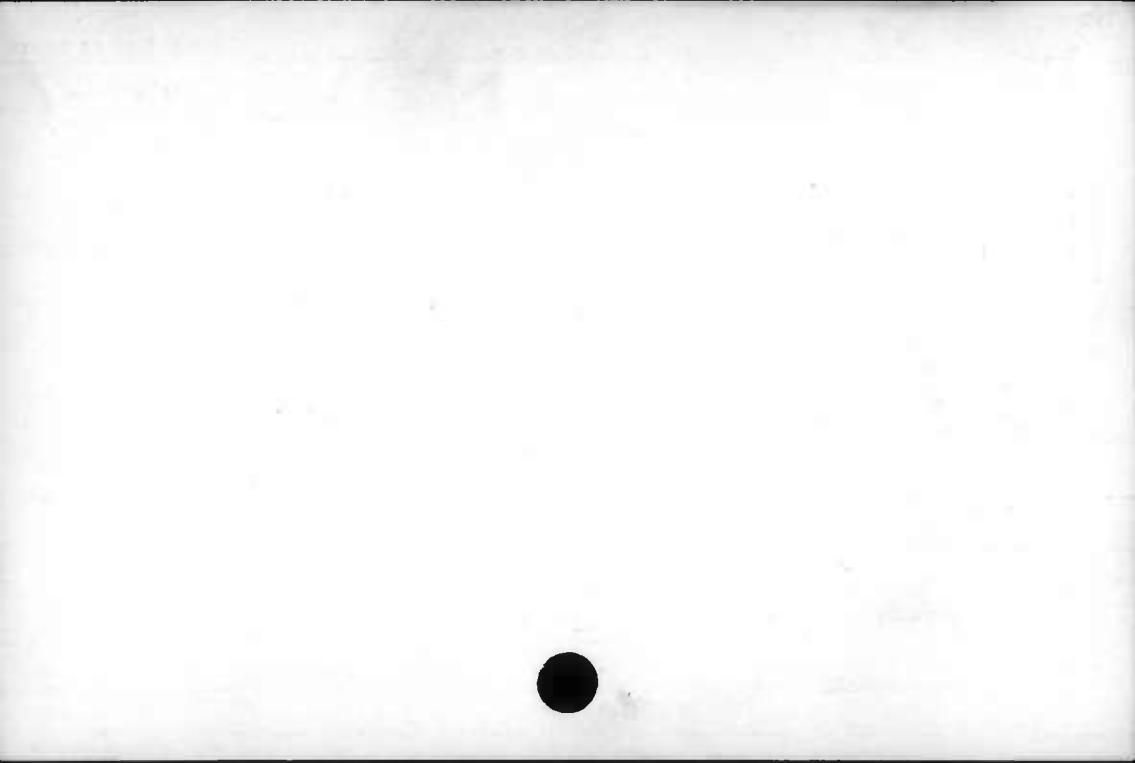
Immediate Ruptured Uterus hemorrhage How long 30 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Guy Stull

Address Cambridge, Md.

Accident or Suicide



Name
in
Full

Arley Winsley

CERTIFICATE OF DEATH

Died at *Lakes Bill* TownCounty *Dorchester County*

MARYLAND

Date of death *1908* Month *October*Day *5th*

Age

Years *6*Months *7*Days *—*Sex *male*Color or Race *white*Birth-place *Lakes Bill*Occupation *none*

Where Residing if not at place of death

*Lakes Bill*Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Wm S insley*Father's Birthplace *Lakes Bill*Mother's Maiden Name *Sarah Triggs*Mother's Birthplace *Madison*Name of person giving information *Robert R insley*How related to deceased *uncle*

CAUSES OF DEATH

166

Primary *cast upset and barrel water from him*How long *immediate*

Immediate

How long

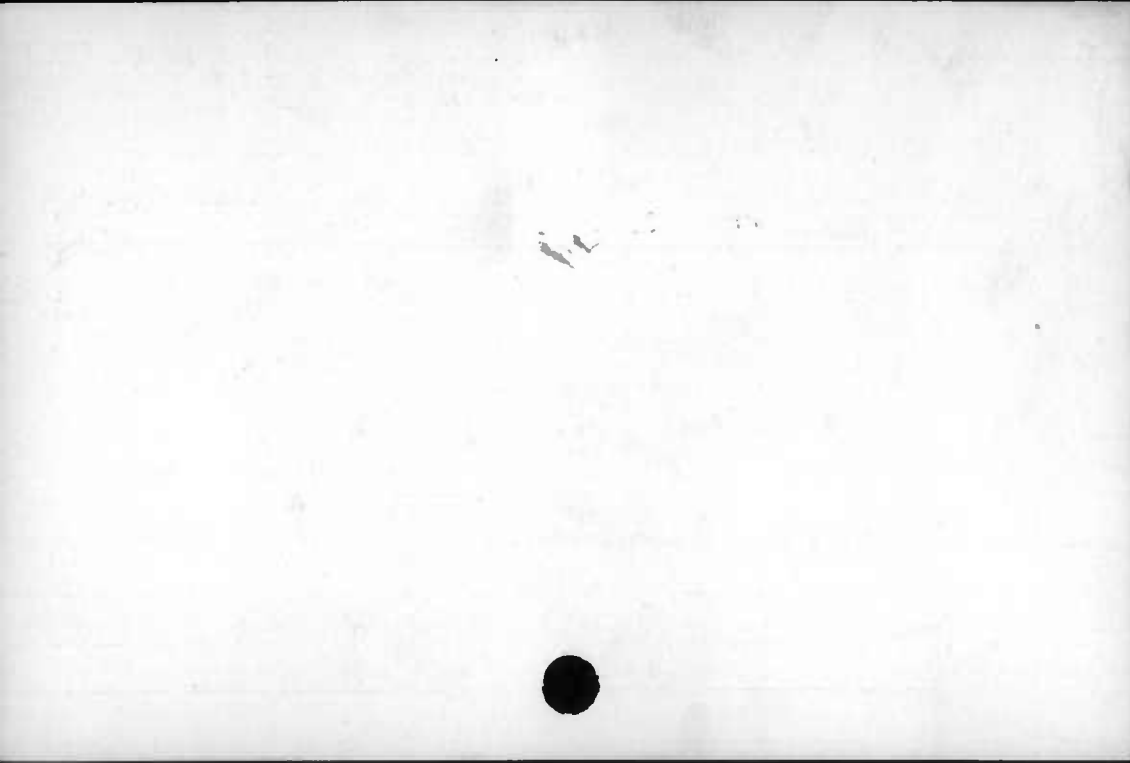
Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Wm H Pritchett J D**accident*

Address

*Bishop Head
Subregister*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

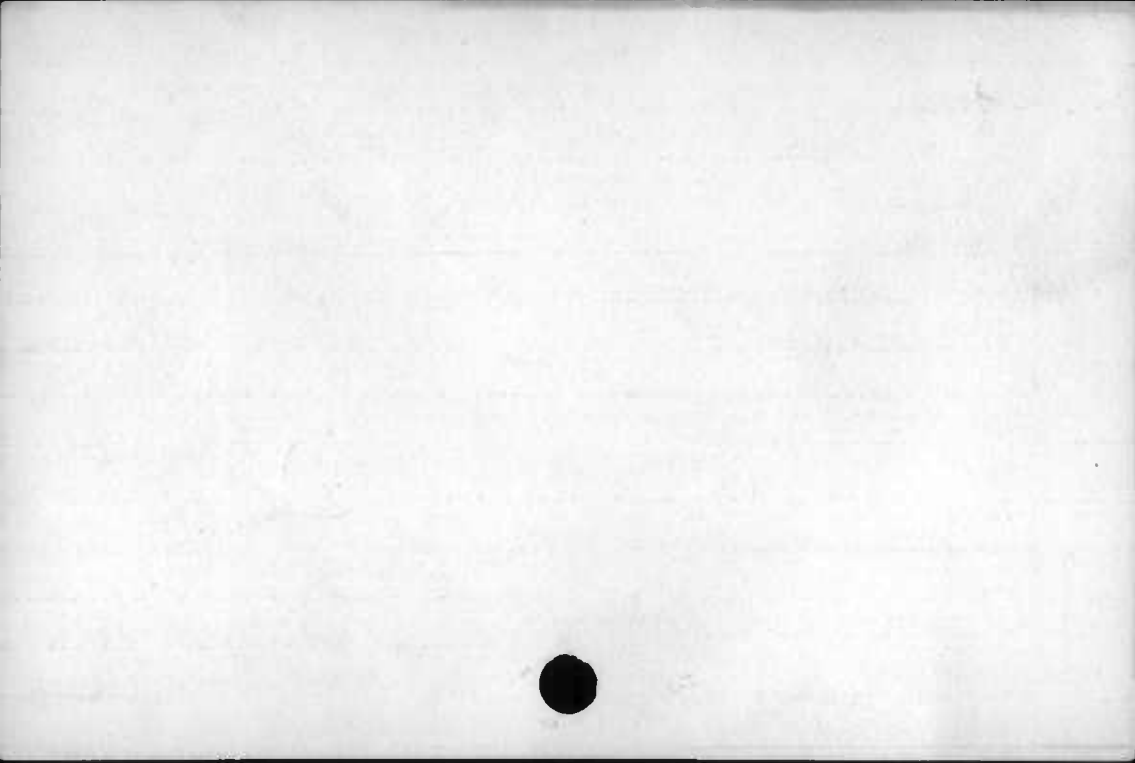
Died at <u>New Market</u> ^{Town}		<u>Archester</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>4th</u>	Age <u>4</u> Years	Months <u>4</u>	Days <u></u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>New Market</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Albert Woolen</u>			
Father's Name <u>Albert Woolen</u>			Father's Birthplace <u>New Market</u>		
Mother's Maiden Name <u>Lola Fleming</u>			Mother's Birthplace <u>New Market</u>		
Name of person giving information <u>Albert Woolen</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

Primary <u>Infectious Toxin</u>	How long <u>7 days</u>
Immediate <u>Chill</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. L. Fleming</u>
	Address <u>Newlock</u>
Accident or Suicide? <u>X</u>	<u>9nd</u>



Name
in
Full

unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chesapeake Bay</u>		County <u>Dorchester</u>		MARYLAND	
Date of death	1908	Month	September	Day	
Age	not known		Months	Days	
Sex	male		Color or Race	white	
Occupation	Sailor		Birth-place	don't know	
Married, Single or Widowed	don't know		Where Residing if not at place of death	don't know	
Father's Name	unknown		Father's Birthplace	don't know	
Mother's Maiden Name	unknown		Mother's Birthplace	don't know	
Name of person giving Information	James O. Cannon foreman of inquest		How related to deceased	none	

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	drowning	How long	immediately
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes all but name unknown	Signature of Physician	no physician in attendance
	supposed to be accident.	Address	Wm H. Pitchett J P Bishop's Head Md
Accident or Suicide			

